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ABSTRACT

A consensus has emerged in recent years that the fragmented systems serving children and families need to be restructured and integrated in ways that make them accessible, family-focused, and able to accommodate cultural differences. Collaborative partnerships involving schools, families, and other community stakeholders are learning that they are better able to improve results for children and families through comprehensive strategies--approaches that bring together an array of resources in order to improve access to education, health care, and human services; develop individual skills; foster local opportunities; and coordinate and align systems. This guide book, which deals with collecting and using information to improve comprehensive strategies, contains five chapters. The first introduces the idea of comprehensive strategies and continuous evaluation. The second chapter presents a framework for continuous evaluation, highlighting cross-cutting evaluation principles and the various stages of planning and conducting a good evaluation. Chapters 3 and 4 expand on these ideas, exploring the stages of the evaluation framework outlined in chapter 2. Both chapters discuss questions to consider, ways to obtain information to answer them, and examples of how having good information has strengthened real-world strategies at each stage in their development. Chapter 5 describes key internal and external resources that can enrich an evaluation. The guide concludes with a tool kit, which contains tables and sample forms that support points made in the text, and a reference section, which contains 25 references. (LPP)

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U.S. Department of Education
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Federal Support for Comprehensive Strategies for Children and Families

The Elementary and Secondary Education Act (ESEA), administered by the Department of Education, encourages states and local education agencies (LEAs) to coordinate education, health, and social services in support of children, so that the education process can help all students reach high academic standards. Title I of ESEA is the federal government's largest program of assistance to elementary and secondary education; it targets aid to schools with high concentrations of students from low-income families.

Goals 2000: Educate America Act (Department of Education) provides resources to states and communities for comprehensive education reforms aimed at helping all students reach challenging academic and occupational skill standards. The law asks states and LEAs to develop their plans with the involvement of broad-based groups that include educators, parents, business leaders, and representatives of health, social service, and community organizations that work with children and youth.

The Family Preservation and Support Program (Department of Health and Human Services) supports states in improving the well-being of vulnerable children and their families, particularly those experiencing or at risk of abuse or neglect. Because the multiple needs of these children and families cannot be addressed adequately through categorical programs and fragmented service systems, states are encouraged to use the program as a catalyst for establishing a continuum of coordinated, integrated, culturally sensitive, and family-focused services.

The School to Work Opportunities Act (Departments of Education and Labor) provides seed money for states and communities to develop school-to-work partnerships that integrate challenging standards and workplace skills so that students graduate from high school with the knowledge and skills they need to enter promising careers or continue their education.

Part H of the Individuals with Disabilities Education Act (Department of Education) calls for community organizations to collaborate in providing family-focused early intervention to infants and toddlers who have disabilities or are at risk of developmental delay.

The Violent Crime Control and Law Enforcement Act of 1994 (Departments of Education, Health and Human Services, Justice) funds efforts to prevent crime and violence among children and youth and in communities through coordination of existing crime prevention activities and through Community Schools and Family and Communities Endeavor Schools, which sponsor after-school, weekend, and summer youth programs.

The Empowerment Zone/Enterprise Community Initiative (Departments of Housing and Urban Development and Agriculture) promotes community development, jobs creation, and economic opportunities. Through this initiative, community residents, businesses, financial institutions, service providers, neighborhood associations, and state and local governments can form or strengthen partnerships to support economic revitalization.

Pulling America's Cities Together (Department of Justice) is a five-city pilot initiative emphasizing local planning to bring the strengths and resources of diverse communities to bear in meeting the needs of their children and families.

Youth Build (Department of Housing and Urban Development) provides economically disadvantaged youth with education, employment, and leadership skills through opportunities for meaningful work within their communities. Youth Fair Chance (Department of Labor) provides comprehensive employment and training to youth and young adults in high poverty areas of urban and rural communities.

Head Start and Even Start (Departments of Health and Human Services and Education) are family-focused programs providing participating families with an integrated combination of early childhood education, parenting education, adult literacy, and basic skills instruction.

The Safe and Drug-Free Schools and Communities Program (Department of Education) supports comprehensive strategies that include drug prevention curricula and programs linking schools and communities.

Source: Adapted from White House 1994.

1. COMPREHENSIVE STRATEGIES FOR CHILDREN AND FAMILIES: COLLECTING AND USING GOOD INFORMATION FOR A GOOD CAUSE

A consensus has emerged in recent years that the fragmented systems serving children and families need to be restructured and integrated in ways that make them accessible, family-focused, and able to accommodate cultural differences. Nationwide, collaborative partnerships involving schools, families, and other community stakeholders are learning that they are better able to improve results for children and families through "comprehensive strategies"—approaches that bring together an array of resources in order to improve access to education, health care, and human services; develop individual skills; foster local opportunities; and coordinate and align systems. Comprehensive strategies take many forms:

- Walbridge Caring Communities (St. Louis, Missouri), New Beginnings (San Diego, California), and I.S. 218 (New York City) are examples of community-sponsored initiatives to revitalize schools and their surrounding communities by delivering a wide array of child and family services at neighborhood schools.

- Kentucky's Family Resource/Youth Service Center initiative, New Jersey's School-Based Youth Services Program, Georgia's Initiative for Children and Families, and California's Healthy Start school-linked services initiative demonstrate state leadership in reforming systems of service delivery for children and families statewide.

- The Securing the Health and Safety of Urban Children initiative, supported by the Robert Wood Johnson Foundation, and Community Partnerships for Healthy Children, sponsored by the Sierra Health Foundation, illustrate the commitment of private philanthropic foundations to community-based strategies for developing and integrating local resources in support of children and families.

The federal government also lends support to comprehensive strategies through legislative initiatives and pilot programs that explicitly encourage partnerships between public and private organizations to address the needs of children and families holistically. Many federal efforts—from the school-linked services support in the Department of Education's Elementary and Secondary Education Act to the Family Preservation and Support programs of the Department of Health and Human Services—provide incentives to state and local agencies to link with community resources in serving children and families.

"Comprehensive Strategies" Offer Comprehensive Solutions

"Comprehensive strategies" is an intentionally broad term that encompasses comprehensive community initiatives (Connell et al., 1995), service integration (Agranoff 1991), school-linked services (Behrman 1992), coordinated services (Crowson & Boyd 1993), full-service schools (Dryfoos 1994), community schools (Children's Aid Society 1993), and other efforts that link organizations and families within communities in order to strengthen them all. Schools play an important part, although not always the central role, in many of these activities. They are the base of operations for many children for a good part of their day. Also, in many communities, schools are closely affiliated with neighborhoods, often even helping to define them.

Increasingly, schools are joining with new partners to develop strategies that reflect the unique strengths and needs of our heterogeneous nation. What unites the diversity of comprehensive strategies in American communities is their ultimate intention—improving the lives of children and families. They also share the common understanding that single organizations cannot achieve that ultimate goal alone. In undertaking comprehensive strategies, schools and other organizations are being asked to expand their vision of children, families, and communities; broaden their outlook on their own roles in achieving that vision; communicate and share authority with new partners, including families; and become accountable to a wide array of audiences that have a stake or interest in their work. That's a tall order.

What unites the diversity of comprehensive strategies in widely different American communities is their ultimate intention—improving the lives of children and families.

Purpose and Audience of This Guide

Good information is a valuable resource in facing the challenges of designing and implementing comprehensive strategies. This guide book is intended to help partners in comprehensive strategies generate good information as they try to remake services, organizations, systems, and communities. It offers principles, processes, and tools for using evaluation to focus comprehensive strategies on the shared goal of the partners—improving the lives of children and families.

If you are your organization's representative to a partnership, a coordinator of programs involved in a comprehensive strategy, a staff member offering support to a partnership, or a person responsible for information collection, analysis, or reporting for a comprehensive strategy, this guide book is for you. It can help you and your partners set your course and assess your progress toward your goals. With this guide book, you can be a more informed producer and consumer of evaluation information.

This guide focuses on comprehensive strategies that stem from partnerships in order to show that evaluation occurs within the context of other issues, such as developing collaboration and implementing partnerships. This book does not offer guidance on establishing a partnership, however. For help in designing, implementing, and maintaining a collaborative partnership, please see *Putting the pieces together: Comprehensive school-linked strategies for children and families* (U.S. Department of Education 1996).

Evaluation as a Continuous Process

Improving results for children and families takes time, and it is essential to measure results at all stages of planning and implementing a comprehensive strategy. Partners need good information right from the start to assess needs and strengths, design interventions, and marshal resources. The need for information continues as initiatives demonstrate short-term and interim results—that is, as they change relationships, programs, staffing patterns, and service configurations and, perhaps, begin seeing results in participants' lives. For mature comprehensive strategies, good information can provide evidence of long-term results for children and families, such as improvements in health, student performance, and adult literacy. At each of these stages, collecting information and using it to make decisions about the comprehensive strategy increases the chances that the effort will succeed.

Continuous evaluation produces useful information throughout the operation of a comprehensive strategy. Instead of viewing

evaluation as an activity that determines whether something "worked"—and therefore as something to do late in the life of a program—this guide book defines evaluation more broadly, as the ongoing production of information for continuous improvement of a comprehensive strategy:

> *Evaluation is an important ongoing process that supports the organization striving for excellence in the achievement of its mission. It is a process of asking good questions, gathering information to answer them, and making decisions based on those answers (Gray 1993, p. ix).*

Continuous evaluation can produce information on the conditions and resources of your school, neighborhood, or community. A continuous evaluation process helps collaborative partners spell out their assumptions about how to address important problem areas. Assumptions about how to create change in those areas also are articulated as partners design strategies that have a realistic chance of improving results.

Rather than evaluation being done to you by an outside evaluator, continuous evaluation is something you and your partners do for yourselves so that you understand what you are doing and accomplishing.

Through continuous evaluation, you can monitor whether the strategies are carried out as intended. Indicators of short-term and interim results can suggest the need for mid-course corrections that improve a strategy's chances of positive long-term impacts. Finally, continuous evaluation assesses longer-term benefits and may suggest further adaptations, such as changing the intensity of services, adding services to enhance impacts, or targeting particular groups that have benefited most (or least).

Partners in comprehensive strategies will find themselves at different stages in their movement toward more holistic approaches to serving children and families. Continuous evaluation can help strengthen strategies at all stages by addressing internal management concerns as well as external needs for accountability and support. Feedback on what and how the initiative is doing is essential to an initiative's improvement and sustainability.

Viewing evaluation as an ongoing process shifts the responsibility and authority for evaluation from outside the partnership to inside. Rather than evaluation being done to you by an outside evaluator, continuous evaluation is something you and your partners do for yourselves so that you understand what you are doing and accomplishing. Taking charge of your own continuous evaluation process builds capacity within collaborating organizations for analyzing information and improving decisionmaking.

Evaluation is a Continuous Process

Tracking Implementation Activities
Setting Goals and Getting Started
Continuous Information Collection and Evaluation
Documenting Program Results
Adapting and Improving Implementation

How Can This Guide Help You?

This guide book offers suggestions for how good information can help strengthen emerging comprehensive strategies and also can document impacts on children, families, and communities. Because comprehensive strategies will be unique to their communities, we do not provide specific prescriptions for how partners in comprehensive strategies should engage in evaluation. Instead, we offer a menu of possibilities from which to choose as you incorporate results-focused information into your local strategy. Good evaluations can be as diverse and multifaceted as the strategies that they assess. A good evaluation approach meets the unique information needs of partners and stakeholders in the community in which it is used.

Good evaluations can be as diverse and multifaceted as the strategies that they assess.

This guide book contains four additional chapters, plus a Tool Kit. Chapter 2 presents a framework for continuous evaluation, highlighting cross-cutting evaluation principles and the various stages of planning and conducting a good evaluation. Chapters 3 and 4 expand on these ideas, exploring the stages of the evaluation framework outlined in Chapter 2. In both chapters, we suggest questions to consider, ways to obtain information to answer them, and examples of how having good information has strengthened real-world strategies at each stage in their development. Chapter 5 describes key internal and external resources that can enrich your evaluation. The Tool Kit contains tables and sample forms that support points made in the text.

How a Focus on Results Can Help

A clearly understood, shared definition of the goals your partnership is trying to achieve, combined with continuous monitoring of results, can help you to:

1. Keep your eyes on the prize. Your purpose is to help children and families experience specific, positive changes in their lives, not just to provide more units of service or different types of services.

2. Provide the rationale for collaboration. A commitment to particular results that are meaningful for each of the stakeholders provides a strong basis for continuing to work together.

3. Manage day-to-day efforts. With a clear focus on a defined set of goals, even when things get hectic or overwhelming, everyone can return to basic purposes and give the same answer to the question, "Now what was it we are trying to do here?"

4. Increase your effectiveness. Tracking your progress toward specific results makes it much more likely that you will actually make a difference for families, because you will know whether and when you need to make course corrections in order to reach your goals.

5. Improve your accountability to diverse groups. Detailed knowledge of the results you are (or are not) achieving with families from diverse backgrounds helps you tailor your efforts more effectively to their needs.

6. Increase participant satisfaction. Following up to validate and document success lets partners know they are making a difference.

7. Increase your credibility. Being able to point to documented results gives you credibility with funders and constituents who want to know whether they are getting their money's worth.

8. Advocate for changes in the system. Documented knowledge about what is and is not working in current systems for children and families provides a credible rationale for fundamental changes in how the system works.

Lodge & Hart 1994

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Imagining Continuous Evaluation

Imagine that a group of parents, students, and school staff who are concerned about students' poor health and their health risks convenes community health and mental health providers. School staff report on the high absenteeism of students due to illness and the short time allotted in the school year to any explicit health curriculum. Students report results of a student council survey on smoking behavior and alcohol use. Health and mental health care providers report on the locations and operating hours of their clinics.

The group states its shared belief that improved access to services that focus on health education and support healthy lifestyle choices will improve student health and reduce risk behaviors. Their school-linked strategy calls for the high school to create clinic space for health and mental health care providers that will:

- Be furnished and equipped by a local medical manufacturer
- Enlist volunteers from the local hospital and doctors from a private health maintenance organization (HMO)
- Seek advertisement by a local ad agency
- Encourage use before and after school and on Saturday mornings

Each step along the way should be evaluated. First, was the space provided? Was the clinic furnished, equipped, and staffed appropriately? Were services advertised? Did students come? If not, why not? The activities that were implemented (and the people responsible for implementing them) can be assessed on the basis of answers to these questions—in other words, the early evaluation results—and actions can be taken based on these results. In this way, the clinic's implementation is evaluated well before any changes in the lives of children and families can be expected.

At later stages, an evaluation will examine different results. For example, after the clinic has been open before and after school and on weekends for a full year, student surveys could determine the clinic's accessibility, student use of the clinic, and the results of student use. Findings from these assessments would test whether the clinic's activities are having their intended direct effects on students—effects projected during the planning process. For example, imagine that by the end of its first year:

- 30 percent of the students in the school have used the clinic
- 85 percent of the students say it would be the first place they would go if they had questions about health
- 70 percent say they learned something they valued from the clinic's programs about how to stay healthy
- Of those students, 60 percent could give specific examples of behaviors they initiated or changed because of what they learned at the clinic

With these consumer survey results, changes in student health and related behaviors could logically follow and should be assessed—for example, using data from:

- Students' school records to track absenteeism and numbers of students sent home with health-related problems
- Clinic records to track frequency of reported symptoms
- A follow-up to a health behavior student survey that was first administered during the planning period

Adapted from Connell, personal correspondence, 1995.

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2. A FRAMEWORK FOR CONTINUOUS EVALUATION

The continuous evaluation framework in this guide book is built around the themes, principles, and stages of evaluation highlighted in this chapter.

Principles of Good Evaluations

The following reminders can help you build a high-quality, credible, and relevant evaluation at all stages of the process:

Engage the community. Your comprehensive strategy will be most effective and information about it most useful when the strategy—and your plan for evaluating it—reflect the perspectives of everyone who has a stake in success. All groups must have a voice in determining goals, strategies, and measures of success. Too often, key groups such as parents or teachers are left out of the decision-making process. When this happens, the strategy misses out on the valuable experiences these groups can share, and the evaluation process may fail to meet their information needs.

Community participation also builds support for collaborative efforts. It is much easier to get things done when many people share your goals and are willing to work toward them. When you enlist all affected groups, every possible community resource is used to its fullest potential. For example, inviting business leaders into partnerships with public agencies can open access to a wider array of private resources to benefit children and families.

An example from Philadelphia, described on page 7, demonstrates how local leaders used data on student conditions to mobilize parents and community members in support of change.

Reflect an understanding of community context. Your strategy will be strongest and its evaluation most relevant when both grow out of the needs, strengths, and resources specific to your community. You don't want to focus on reducing the number of high school dropouts if the graduation rate in your community is already acceptable or if parents, teachers, school administrators, and business leaders do not recognize dropout reduction as a priority. And you don't want to start a Saturday morning reading program to improve student performance if your community already has a popular children's activity on Saturday mornings.

Community events and trends inevitably affect the results of a comprehensive strategy, as it evolves. For example, a factory shut-down in the area may affect the apparent success of a job training program for youth by cutting the number of jobs available. Try to incorporate these contextual factors in your evaluation plan and in your interpretation and communication of information about your strategy.

An example from Philadelphia, described on page 7, demonstrates how local leaders used data on student conditions to mobilize parents and community members in support of change.

Use varied perspectives to examine your comprehensive strategy. Viewing your strategy from varied perspectives will help you develop a better understanding of its successes as well as opportunities for improvement. For example, you may want to track results for several levels of impact, including child, family, community, and system changes. By doing so, you might discover that your strategy is effective at changing the way agencies operate but needs to be strengthened to create actual improvements for children. This type of multi-pronged evaluation will help identify strategic

adjustments you can make as you pursue your ultimate goal: improving the lives of children and families.

Using Information to Mobilize the Community for Change

When educators and community leaders in North Philadelphia decided that major improvements were needed in the services provided to public school students, they set out to mobilize local parents and other community residents around their common desire to improve the lives of children and youth. They quickly discovered that their strongest tool was data-charts, tables, and numbers that told a story of poor academic achievement, high dropout rates, high rates of risky health behaviors, and limited employment prospects. Parents and others in the community at first were disheartened to see that the data bore out their personal observations. But their second response was to ask one another what they could do together to achieve large-scale change. With this new level of agreement around the need for improvement, parents and community members became active participants in designing the North Philadelphia Compact for Student Success, which now creates improved opportunities for children and youth in three high schools and their associated feeder schools and for North Philadelphia high school graduates attending Temple University and the Community College of Philadelphia.

Gather several types of information. Answering questions about the operation and impact of your comprehensive strategy is likely to require both numerical (quantitative) and narrative (qualitative) information. For example, your comprehensive strategy may target tuberculosis as an emerging local health problem. In addition to examining health records to determine the number of TB cases, you may also want to talk to doctors and patients to try to understand why the disease is spreading among some groups and not others.

As information needs change in the process of developing and implementing your comprehensive strategy, you are more likely to have the information you need if you build in procedures for producing several kinds of information. Multiple forms of information also are useful to policy makers and other stakeholders, who appreciate specific human stories but also want hard numbers.

Stay flexible. Communities are dynamic. As new information indicates changes in conditions and resources, remember to adjust the goals and activities of both your strategy and its continuous evaluation processes. For example, if your partnership is working toward improved school readiness as a goal and a new day care center opens in the neighborhood, this new resource might create an opportunity to add a new partner and expand your efforts to serve preschool children. This may require revising programs and the criteria by which they are evaluated. Flexibility means keeping your eyes open for chances to link with related activities or organizations and then incorporating changes into your continuous evaluation process.

Evaluation Involves Six Key Stages

The steps in planning and conducting a good evaluation parallel the steps in designing and carrying out a comprehensive strategy itself. These steps are outlined below and discussed at greater length in Chapters 3 and 4.

1. Identify goals and objectives for your comprehensive strategy and use them to guide continuous evaluation. By working with all relevant stakeholders, you can develop goals that articulate the shared long-term aspirations of your community. These statements can be broad and might reflect concerns in such areas as education, health, and employment.

For each goal statement, a thorough assessment or "scan" of community conditions and resources will tell you where you are relative to that goal, what you can use in moving forward toward the goal, and the barriers you are likely to encounter. Based on this scan, you can construct a list of specific, measurable objectives for children and families that relate to each goal. You can use these objectives to assess the progress of your comprehensive strategy. They become your indicators of long-term results.

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2. Spell out the chain of assumptions connecting activities to goals. When you know where you want to go, you are ready to chart a course for getting there. You will need to articulate a chain of assumptions—the logical sequence of activities that you believe will lead to an improved result. This chain should reflect your understanding of what has hindered success in the past, so that your new activities can address those barriers. In constructing this chain, start with objectives and work backward, asking what has to happen to achieve each goal. The next link in the chain should address what has to happen to achieve the step before it, and so on.

As chains of assumptions for each objective take shape, you will recognize how activities fit together in coherent ways. If a chain of assumptions is weak, your strategy may need rethinking. Some pieces may fit well to answer your question of "what has to happen" to achieve an objective. Other activities you may be pursuing or planning to pursue may not find a natural fit with your chains of assumptions. Working backward from objectives, rather than starting with activities and justifying them in terms of your objectives, will help ensure that your resources are invested only in those activities that logically contribute to the results you seek.

3. Select indicators of results. Identify and use indicators of short-term, interim, and long-term results to measure whether the activities that make up each chain of assumptions are occurring and whether progress toward objectives is being achieved. The links in your chains inform the selection of indicators. You then use these indicators to determine how the logic of your sequence of activities holds up at various points along the path to improved results. Indicators should be both understandable and measurable.

4. Set up a system for managing information. When you know the types of information you need to measure progress, you can adapt existing procedures or initiate new ones for producing and managing that information. The information might include client characteristics, activities, staff time, costs, community perceptions, and, of course, results. Some information can be maintained manually, whereas some might be available in or added to an automated management information system (MIS). You will want to take advantage of information that is already available and minimize burden on staff and clients for collecting new information.

5. Analyze and use what you learn. Information must be used to be helpful. Usually, many stakeholders have invested time and money in a comprehensive strategy and will be interested in an on-going report of the activities and results associated with it. As you choose the types of information you will collect, you can also develop procedures for regularly reporting it to your audiences.

A good plan for using information takes into account specific decision points that might be informed by data (e.g., annual budget decisions that are made in May, monthly agency staff meetings). Your plan can ensure that your partnership regularly asks the questions: Are we doing what we intended? Are we accomplishing the short-term and interim results needed to achieve our longer-range objectives? Having the right information available at the right time will allow you to answer these questions and improve your comprehensive strategy. Experience with using information also will point up ways to revise your evaluation approach to make the information it produces as useful as possible.

6. Be patient. To put change in perspective, veteran collaborators suggest asking yourself: How long would it take to change your marriage? Just as most marriages do not change substantially overnight, changes in the lives of children, families, communities, and service systems do not happen quickly. It takes perseverance, dedication to the goals of the comprehensive strategy, and the simple passage of time for a strategy to make an impact. Although you cannot expect dramatic results immediately, take heart that you are using good

information to document progress as you go along and that in the long run, you will obtain convincing evidence of what your strategy is accomplishing for children and families.

A Good Evaluation Involves:

- ☐ Identifying goals and objectives for the comprehensive strategy and using them to guide continuous evaluation
- ☐ Spelling out the chain of assumptions that connect activities to goals
- ☐ Selecting indicators of results
- ☐ Setting up a system for managing information
- ☐ Analyzing and using information for continuous program improvement and staff development

3. GETTING STARTED

This chapter will help you plan around two questions that are central to your comprehensive strategy and evaluation:

- What are our community's goals for its children and families?
- What are we doing now and what could we do to achieve those goals?

Although there is no single right way to approach these questions, this chapter suggests four steps to get you started:

- Seek broad community involvement
- Develop or reconsider goal statements
- Establish specific, measurable objectives for each goal
- Spell out the assumptions that connect activities to goals and objectives

These steps will start the process of continuous evaluation, regardless of how far along you are in establishing a comprehensive approach to serving children and families.

Seek Broad Community Involvement to Build Support

Community participation will help you build consensus around the shared values and beliefs that drive your collaborative effort and will energize your activities. Your strategy will benefit from a concerted effort to involve all relevant stakeholders in the community, including those who have historically played a limited role in the decision-making process. For example, parents have unique knowledge of their children's behavior and needs and can reinforce an initiative's efforts in the home; parent volunteers also are important resources. Yet parents may not participate in school events because of language barriers, transportation or scheduling problems, or a perception that their opinions are not valued.

Activities to Encourage Parent Involvement

- ☐ Recruit door-to-door in the community
- ☐ Provide child care, refreshments, and language interpreters at meetings
- ☐ Actively encourage parents to voice their views
- ☐ Hire program staff from the same cultural backgrounds as the people you serve
- ☐ Provide parent training on meeting procedures
- ☐ Provide staff training on multicultural programming
- ☐ Schedule meetings at convenient times and locations
- ☐ Send home bulletins informing parents of meeting times and locations in relevant languages
- ☐ Encourage active parents to recruit others

Develop Goal Statements that Specify Shared Views

A goal statement is your community's long-term dream for children and families put into words. When goal statements represent the views of all relevant groups, they express what you are striving for as a community and capture

deeply held values and ideals. Even partnerships that have well-defined goals can benefit from reconsidering them periodically and revalidating them with community review.

Goal statements can be broad and might reflect concerns in such areas as education, health, employment, and safety. At the same time, these statements should be clear enough that the community readily understands what you intend to achieve.

The following sample goals pertain to a countywide strategy. The list is not prescriptive or exhaustive, but it gives an idea of the types of goals you could select.

Sample Goals for Greenville County

Child-level Goal Statements

Our children will demonstrate early academic success.

Our children will be physically healthy.

Family-level Goal Statements

Families will provide their children safe and nurturing homes.

Families will achieve and maintain economic self-sufficiency.

Community-level Goal Statements

Our community will provide a safe and healthy environment for children and families.

Our community will treat all residents fairly.

System-level Goal Statements

Services for children and families will be easy to use and understand, culturally sensitive, and responsive to families' needs.

Although goals vary from community to community, the following issues are likely to arise as you formulate and refine your goals:

- **Target audience.** Although comprehensive strategies affecting many people often have broader community support than more targeted approaches, they also can be more expensive. Decide whether your goals apply to a particular group of children and families, an entire school, an entire community, or some combination. If they apply to an entire community, you need to determine the boundaries of that community.

- **Levels of goals and relationships among them.** A goal may address changes for children, families, a school, the community as a whole, or service systems. Try to distinguish among goals that apply to different levels of impact because strategies for reaching goals often depend on the level of impact that is sought. At the same time, goals for children and families are likely to be powerfully interrelated, as are goals for families and communities and for communities and systems. Meeting a goal for one level may be a necessary step in achieving a goal for another. For example, the sample goals for Greenville County assume that, in order for children to achieve academic success, they must be physically healthy. And in order for children to be physically healthy, families must provide safe and nurturing homes.

- **Scope of the strategy.** Be selective. Striving toward too many goals at once may diffuse your efforts and reduce your chances of success. Among all the things that matter in your community, focus on what matters most. The broad participation of all community stakeholders can help set priorities among goals and focus efforts where they will meet the greatest perceived need and make the best use of a community's strengths.

- **Writing goal statements.** Goals are written as statements. Child goal statements can start with the phrase, "Children will..." Family goals can start with the phrase, "Families will..." Community-level goals can begin with the phrase, "Our community will..."

  Ultimately, the statements will need to generate widespread community support, but that doesn't mean everyone must be involved

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in the first draft. You can select a small work group or task force to consider issues related to goals, objectives, and evaluation design. This group's first task would be to develop a set of goal statements based on the community's most pressing issues. The group would then take their work back to the partnership for discussion and approval and subsequently to the community.

- **Alignment.** Independent efforts on behalf of children and families are proliferating in many communities, threatening to continue the fragmentation and duplication of efforts that often characterize the systems they seek to improve. Aligning the goals of your strategy with those of other efforts in your community, county, or state can foster a sense of shared mission and increase the chances that children and families will benefit.

A Checklist for Developing Goal Statements

- ☐ Define the target audience for your strategies
- ☐ Identify the levels of impact you seek and the relationships among goals and impacts
  - Does a goal address changes for children, families, a school, the entire community, or a service system?
  - Does success in meeting one goal depend on progress at another level of impact? How will that affect your strategy?
- ☐ Select a limited, feasible scope for the strategy's goals
- ☐ Translate goals into goal statements
- ☐ Identify other community efforts that can and should be aligned with your strategy and identify ways to foster alignment

Establish Objectives for Meeting Goals

Although goal statements provide the overall framework for a strategy, they are not sufficiently focused for structuring the strategy's day-to-day activities. Therefore, it is crucial to develop specific, measurable objectives by which to assess progress in achieving each goal. By measuring objectives, you should be able to know if you have achieved your goals.

Objectives should be realistic reflections of your community's conditions and strengths and should reflect long-term results that are relevant to your goals. Objectives can be the ultimate benchmarks by which the partners and participants in a comprehensive strategy are held accountable for their efforts.

If you are just starting a comprehensive strategy, the first step in establishing objectives is understanding the conditions of your community. Even if your partnership is fully under way, it is still essential to reassess how far you have (or have not) come and whether resources are available to help achieve your goals and objectives. A thorough community assessment or "scan" can tell you:

- Where you are in relation to where you want to be (an assessment of conditions and the root causes of those conditions)
- What resources your community can bring to bear in moving toward its goals

Where are we now in relation to where we want to be? For each goal statement, you can engage the community to determine conditions and assumptions about the root causes of those conditions. This assessment involves asking the right questions and knowing where to look for answers.

Using as many sources as possible and representing a variety of perspectives and viewpoints will help ensure that you don't miss important information. It also will inform you about priorities in each sector of the community.

As you work through this process, construct a matrix for each goal statement that charts the goal, the community's current understanding of the issue, related questions, and potential sources of additional information. On the following page is a sample matrix for the goal, "Our children will demonstrate academic success."

The partnership in this example generated the information in the matrix by asking such questions as:

- What are our priority concerns related to this goal?
- How many people in our school/community are affected by this problem?
- Who is most affected by this problem?
- Why do these conditions exist?
- What are the consequences of this problem?

In completing the matrix, the partners drew on information from school records (hospital, police, and clinic records are other possible sources), interviews with school staff, parents, and students (interviews or focus groups with service providers, political leaders, religious leaders, and business leaders are other possible sources), and a review of documents. Groups can also draw on data from human service agencies, census reports, and news reports, depending on their information needs. (Lodge & Hart 1994).

Based on the information gathered in this process, you can construct a community profile as a context for your work. A good profile summarizes information on the current status of each of your goal areas and highlights areas of greatest need in your community (see box).

What resources can we use to move toward our goals? In addition to assessing conditions, your community scan can document your community's resources. These are the formal and informal assets that serve as building blocks for the activities that make up your strategy. Assets may include programs, organizations, or other funding sources already operating in the community. Remember to include in your inventory of strengths the "human factor"—strong community leaders, an active citizenry in one neighborhood, a powerful sense of extended family in another, high levels of parent support for education in the school community.

In conducting this part of the community assessment, you may want to expand the goal matrix presented on page 14. As you identify formal and informal supports you can use to achieve your goals, think in terms of categories such as community, parents, children and youth, school, and service providers, so that you include potential contributions from all stakeholders. (See the Tool Kit for an expanded matrix that relates to the absenteeism component of the matrix presented on page 14. Note that the existing activities of the partnership are included as resources on this matrix.)

Sample Goal Matrix

Goal	Current Understanding *Where are we in relation to where we want to be?*	Related Questions *What else do we need to know?*	Potential Sources of Information *Where and how can we get the needed data?*
Our children will demonstrate academic success.	**Fewer than half of students read at grade level by third grade.** More than one-third of students score in the bottom quartile on standardized tests at each tested grade level.	**Which students perform poorly?** What improvement programs currently serve students? Who participates in them? What instructional improvement efforts are in place? Are parents aware of students' academic problems?	Student records; interviews with parents and teachers
	Absenteeism rates are high. Unexcused absences are common. In some schools, older students often miss school to care for younger siblings when parents are unable to do so.	**What students have the highest absenteeism?** Is their academic performance also poor? What situations cause parents to keep older siblings out of school to provide family child care? What are district policies regarding unexcused absences? Are they being implemented?	School records; interviews with students and parents; review of district policy manual; discussion with principal(s)
	Many parents are not involved in or seemingly supportive of educational activities at school or at home. Students' reports of time spent watching television are high. Homework is often late or inadequately prepared. Parent attendance at PTA meetings is low.	**What are parents' opportunities for involvement in school activities?** What outreach activities have been tried? What are the barriers to increased participation (e.g., need for child care)? How do parents perceive their responsibilities for providing educational support at home?	Surveys or focus groups among parents and students; review of PTA attendance sheets and notes; interviews with principals and teachers on attitudes toward parent involvement and steps for increasing it
	Many children arrive at school hungry. Teachers report that hungry children cannot concentrate on their classes.	**Why are students arriving at school hungry?** Do students who seem hungry truly perform at a lower level than their peers? Which schools in the community offer breakfast programs? What do the programs cost to implement? What community resources are available to serve hungry children/families?	Surveys, focus groups, or interviews with parents, interviews with teachers; teacher logs of student behavior and academic progress; interviews with cafeteria staff and food suppliers; assessment of community resources

Adapted from Lodge and Hart (1994), p. 9.

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One Community's Child and Family Profile

After articulating shared community goals, a rural children's initiative created a profile to highlight the needs of children in their community. The partnership defined its target community as the entire county. In order to gain an understanding of the issues and problems facing children and their families in relation to the community's goals, the community assessment process involved community forums, focus groups, and surveys. The community forums were held in four regions of the county. More than 600 community members attended the forums and completed needs assessment questionnaires. Focus groups and individual interviews were conducted with parents, teachers, business owners, social service providers, recreation workers, health care providers, and church leaders. Existing data were assembled from grant proposals, agencies working with families, and statewide reports.

The collaborative partnership produced a Child and Family Profile to present the findings from the community needs assessment. An executive summary offered highlights for those who did not wish to read the entire report. The profile contained an introduction to the partnership and its mission, a description of the community, the methods used in the assessment, and the findings. The description of the community was the longest section of the report and included census data, statewide statistics, county agency data, school district data, local hospital data, and resource mapping. Statistics included the number of children under age six, child abuse rates, percent of children receiving special education, percent of children living in poverty, childhood injury rates, number of children in foster care, number of children on waiting lists for child care, number of dentists in the community, and the number of family support agencies. The last section summarized the issues facing children and families that community members regarded as most urgent or serious.

The main purpose of the needs assessment and the profile was to enable the partners to find out what the community wanted to accomplish for its children; it was a strategic planning tool. The process of creating the profile also brought community members together and generated ownership. The process helped stakeholders become invested in the idea of improving results—and in the partnership. Other benefits included networking among people interested in children's issues; two women who had never met before decided to pool their resources and start a drama club at the junior high school. In addition, the community profile became a useful document for fund raising, educating people about the community, and demonstrating the partnership's capabilities.

Adapted from Chorner 1995.

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Choosing objectives. After constructing a matrix for each goal, you are ready to derive a set of realistic objectives. Keep the following points in mind:

- **Link the objective to the goal**. Look at each of your goal statements and brainstorm what would constitute evidence that the partnership has made a difference in this goal. Of the list you brainstorm, select only those objectives that are clear and realistic measurements of the goal.

- **Base objectives on conditions and priorities**. The objectives you choose should reflect the community assessment you just conducted. For example, in the sample matrix presented earlier, it would make sense to track third-grade literacy because this was perceived as a problem. However, it would *not* make sense to track high school dropout rates for a goal focused on early academic success.

- **Be specific**. Although goal statements can be somewhat broad, objectives must be specific. For example, if your goal is "children will be physically healthy," discuss whether objectives should focus on such subjects as infant mortality rates, teen suicides, substance abuse, and dental problems.

- **Be clear about your desired outcomes.** Your outcomes could take the form of increases or decreases. For example, if you are looking at mental health referrals, an increased rate could indicate either a growing mental health problem or an improved intervention strategy.

- **Choose objectives for which data are available**. You may not have access to some data, and some data may require more resources to collect than you have. These issues may require some additional research in your community.

The exhibit on Greenville County on page 17 offers some sample objectives that relate to the sample goals listed earlier. The selection of the target audience—all children and families in a county—assumes that a large proportion of children and families will be exposed to the strategy. This list is not intended to be prescriptive or exhaustive but suggests the types of objectives you might aim to achieve. Don't expect to address as many objectives as we have listed in this sample, however—it would be an overwhelming task. The number of objectives you set should reflect the needs and priorities of your community as well as what your community can feasibly achieve with available resources.

Spell Out the Assumptions that Connect Goals to Results

Once you have established goals and objectives, you can turn your attention to the question of how your comprehensive strategy will achieve its desired results. Your community scan will have identified the building blocks of your strategy—the resources you have to work with and the activities you already have in place that address problem areas. Your planning activities also will have identified barriers to achieving results that must be addressed in your chain of assumptions if they are to achieve your desired results.

Your next step is to develop a theory or a logical series of steps that explain the intended impact of your activities on your goals and objectives. In other words, you need to think about the assumptions you are making about what will and will not work in your community.

Your assumptions about how things work are grounded in past knowledge and experience. They are your best guesses as to why things are the way they are and how circumstances can be improved. For example, the sample goal matrix

Sample Objectives for Greenville County

Goal	Example Objectives
Child Level	
Our children will demonstrate early academic success	Increase the number of third-grade students who are literate Increase the number of students performing at grade level or higher Increase grade point average for all grades Increase scores on the Iowa Test of Basic Skills given at the end of second grade Increase scores on state assessments given at the end of fourth grade
Our children will be physically healthy	Decrease the incidence of illness from diseases preventable by vaccinations Decrease incidence of infant mortality and child death rates Decrease of suicide among children and youth Decrease blood lead levels Decrease drug, alcohol, and tobacco use by children and youth Decrease incidence of dental cavities
Family Level	
Families will provide children with caring and nurturing homes	Decrease number of substantiated cases of child abuse/family neglect Decrease incidence of domestic violence Decrease the number of families with insufficient food for their needs
Community Level	
Our community will provide a safe and healthy environment for children and families	Decrease incidence of crime Decrease gang involvement Increase air quality Expand public library facilities Increase the number of recreation activities for children and youth
System Level	
Services for children will be easy to use and understand, culturally sensitive, and responsive to families' needs	Increase the number of hours and locations of services Decrease the amount of paperwork to be filled out by clients Increase ethnic and language diversity among service providers

on page 14 suggests several reasons why many young students do not perform at high levels. These include:

1. **A high rate of absenteeism.** The assumption is that the more students attend school the more they will complete assignments and learn the curriculum. Although there may be many causes of absenteeism, one cause is older children staying home from school to care for younger siblings.

2. **Low parental involvement.** The assumption is that the more parents reinforce what students learn in school the more children will demonstrate academic achievement.

3. **Hungry children.** The assumption is that hungry children cannot concentrate in class. The more children can concentrate on their school work the better they will perform.

The assumptions underlying problems should drive the activities that you choose to implement. In assessing existing resources, you identified the activities that already are in place. Ask yourself if these activities are consistent with your assumptions about how to achieve your project's goals. For example, if one of your activities for improving early academic achievement is a tutorial program for at-risk students, then this activity would *not* be consistent with any of the three assumptions described above. However, if one of your activities is outreach to parents to eliminate unexcused absences and promote parent involvement in their children's education, then this activity would be consistent with the assumption that a high rate of absenteeism and low parent involvement in education are contributing to poor academic performance.

As you examine existing activities, ask yourself how they can be modified, expanded, or even replaced to become more consistent with your assumptions about why a particular problem exists. (See pp. T-3 and T-4 in the Tool Kit for sample criteria to use in choosing activities that can help you refine your understanding of the contributions, constraints, consequences, and costs of various activities.)

Once you have examined alternative activities and services and modified existing ones, update your goal matrix again to include your revised activities. (See pp. T-1 and T-2 of the Tool Kit for a revised matrix based on the absenteeism component of the matrix on page 14.)

Think of Assumptions as a Chain of Dominoes

"Assumption Dominoes." One way to connect your activities to your goals is through a technique called "assumption dominoes" (Hebbeler et al., 1996). The idea is to identify everything that needs to happen if the activity is to exert an impact on the goal, and the sequence in which activities need to happen. These assumptions are like a chain of dominoes in which each domino is linked to the one before and after it. For the activity to be effective, the sequence of steps in the assumption chain has to be right, and each step has to be carried out. Just like a chain of dominoes that fall over one on the other on the other, if you pull one out, you've broken the chain and thus the chain reaction.

For example, suppose the partnership that identified absenteeism as a contributor to poor academic achievement then decided to implement a program to address the problems caused by absenteeism. Using the method of assumption dominoes (see the following page), partners would take the following concrete steps:

Step 1. Write down a child goal that the partnership intends to address. Write it out on the far right side of a piece of paper, blackboard, or flip chart. **Child goal: Our children will succeed in school.**

Step 2. Consider what barriers stand in your way of achieving that goal. Ask, "What has to change for us to achieve our goal?" Write down these changes to the immediate left of the goal. One of them would be: **Absenteeism, due to older children missing school to care for younger siblings, is reduced.**

Step 3. Ask, "What conditions must be created for these changes to occur?" Write down those conditions to the left of the changes. Some of the answers to this question might involve programs or activities that are already under way. Others may be entirely new. **Parents are more aware of the difficulties caused by student absenteeism.**

Step 4. Identify the practical steps that must be planned and taken to create the needed conditions. **School administrators send home information on absenteeism and school policies.**

Continue this process until all the links or "dominoes" are identified. Stop when you can answer the question, "What do we each do tomorrow to get this chain of events started?"

Consider using this process for all other activities the partnership chooses to implement, whether the activity is day care for young children (in order to reduce absenteeism of older children) or a free breakfast program (so children will not start the school day hungry).

In addition to this visual model, partners could generate a written account of the chain of events that will lead to the attainment of a particular goal. This written account could specify who is responsible for taking which steps along the way. On page 21 is an example of a written account for a program that seeks to reduce absenteeism by improving parental understanding, increasing day care, and improving supports.

What Does All This Have to Do with Evaluation?

By setting goals, establishing objectives, and spelling out the assumptions connecting activities to goals, you have set into motion the process of continuous evaluation. Essentially, evaluation is the process by which you test the accuracy of each of the assumptions you have identified along your chains:

- Was the step carried out?
- Did the next "domino" then fall into place? If not, why not?

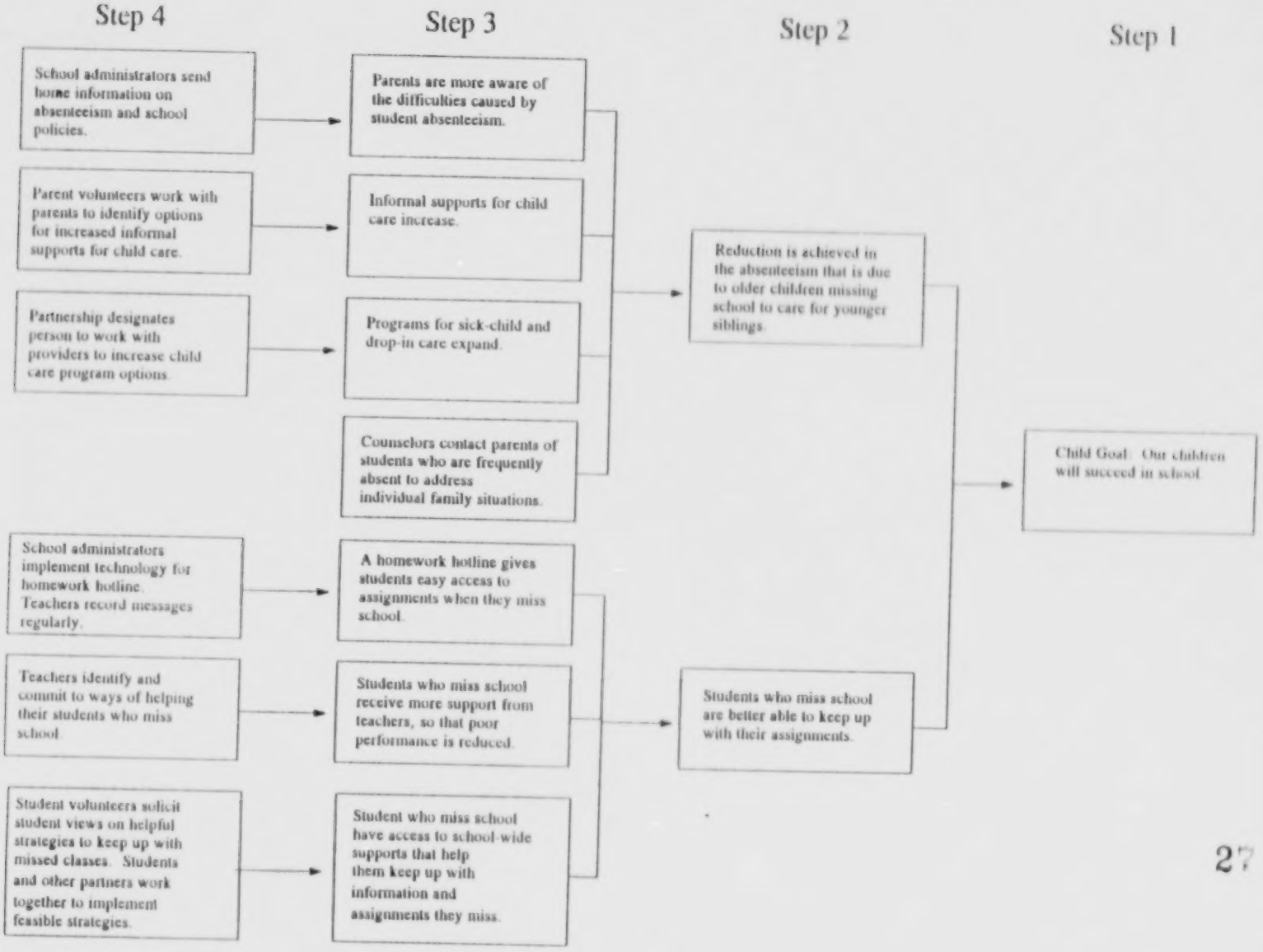
If your chains of assumptions are based on sound logic, and if each event along the way actually occurs, you should see improved results. If you do not, either one or more of your assumptions is faulty or incomplete *or* an anticipated event did not occur.

The rest of this guide book will show you how to ask questions and collect data to test the accuracy of each of the assumptions in your assumption chain. If something breaks down in the chain, you'll be able to pinpoint the weak link. And more importantly, you will be able to use your data to modify your strategy and increase the likelihood of improving the lives of children and families.

A Checklist for Connecting Goals to Results

- ☐ Identify the assumptions you are making about what will (and won't) work in your community
- ☐ Make sure that your proposed activities are consistent with your assumptions
- ☐ Find ways to modify, expand, or replace existing activities to make them more consistent with assumptions
- ☐ Update your goal matrix to include the revised activities

Assumption Dominoes


Step 4
Step 3
Step 2
Step 1
School administrators send home information on absenteeism and school policies.
Parent volunteers work with parents to identify options for increased informal supports for child care.
Partnership designates person to work with providers to increase child care program options.
School administrators implement technology for homework hotline. Teachers record messages regularly.
Teachers identify and commit to ways of helping their students who miss school.
Student volunteers solicit student views on helpful strategies to keep up with missed classes. Students and other partners work together to implement feasible strategies.
Parents are more aware of the difficulties caused by student absenteeism.
Informal supports for child care increase.
Programs for sick-child and drop-in care expand.
Counselors contact parents of students who are frequently absent to address individual family situations.
A homework hotline gives students easy access to assignments when they miss school.
Students who miss school receive more support from teachers, so that poor performance is reduced.
Student who miss school have access to school-wide supports that help them keep up with information and assignments they miss.
Reduction is achieved in the absenteeism that is due to older children missing school to care for younger siblings.
Students who miss school are better able to keep up with their assignments.
Child Goal: Our children will succeed in school.

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Chain of Assumptions

Goal: Our children will succeed in school.
Objective: Reduce absenteeism as a barrier to improving school performance.
Activity: Involve all partners (parents, students, teachers, other school staff, agency partners) in (1) reducing absenteeism that occurs when older children miss school to care for younger siblings because their parents cannot and (2) reducing the resulting poor school performance.

1. Parents often need child care for young children when the children are sick and parents must work and when parents have appointments and their children cannot accompany them. Parents have few options for meeting their child care needs when they are unable to care for children themselves.

2. Parent volunteers from the PTA will visit families in their neighborhoods and discuss ways to increase informal supports to families with unmet child care needs, such as babysitting pools and shared child care on designated days.

3. The partnership will designate a member to contact child care providers. He/she will work with providers to identify possibilities for expanding sick-child and drop-in care options in the community and to develop a process for realizing the most feasible possibilities.

4. Parents are unaware of the academic challenges faced by their children when they miss school; increased awareness would motivate parents to seek available options for child care or to develop new options instead of relying on older children to care for younger siblings.

5. School administrators will send home information in multiple languages on the importance of children attending school and the district policies regarding unexcused absences. Parents will be invited to discuss their situations with school staff.

6. School counselors will personally contact (or will designate an appropriate person to contact) parents of children with high absenteeism due to child care demands in order to better understand their situations and to help parents identify other options for child care.

7. School administrators will institute a "homework hotline" through which students who miss school can call for recorded messages by teachers about each day's assignments.

8. Teachers will regularly update messages on the "homework hotline" to update absent students on assignments. Teachers will identify ways they can help students keep up with assignments (e.g., making assignments for a full week at a time, offering one-to-one time with students on designated days after school to discuss topics missed when students were absent) and will implement feasible strategies.

9. Student council members will hold focus groups or other discussions with students to identify strategies to help students keep up with missed work (e.g., assigning "buddies" to take notes, establishing homework clubs after school) and to discuss ways to implement feasible strategies.

10. Partners from public service agencies (e.g., departments of social services, health, employment) will discuss ways to increase parents' access to services (e.g., by out-stationing staff to neighborhood sites two days per month) so that service-related appointments are less often a reason for parents to experience unmet child care needs.

11. Parents will have increased options for child care and will less frequently require older children to miss school to care for younger siblings. Absenteeism will decrease. Students who miss school will have more help in keeping up with their assignments and will take advantage of those supports. School performance will improve for these students.

4. DOCUMENTING PROGRESS AND RESULTS

With goals, objectives, and activities in place, you're ready to ask questions that focus on progress in implementing your comprehensive strategy and on the results the strategy is achieving. This information can tell you about clients, services, staff and other resources, collaborative partners, and the community (see box on next page). It will also enable you to report to many interested audiences on the success of your strategy for children and families. When you cast your information-gathering net this broadly, you will create an overall picture of the status of your strategy as it evolves, and you will be able to identify the information to use in its continuous improvement.

This chapter provides you with tools for identifying, tracking, and using information on the progress and results of your comprehensive strategy. It guides you through four steps:

1. Using your chains of assumptions to select indicators of short-term and interim results
2. Collecting information
3. Using information to improve the comprehensive strategy
4. Explaining results to stakeholders

Selecting Indicators of Results

As discussed in Chapter 3, your chains of assumptions chart the paths you expect to follow in order to reach your goals and objectives. There are many checkpoints along each chain at which you can assess whether the steps you laid out are actually occurring-and, perhaps, change course to a more productive direction. In evaluation language, these checkpoints are opportunities to gather indicators of short-term and interim (or intermediate) results.

- **Indicators of short-term results** focus on what you do.
- **Indicators of interim results** measure what *happens* because of what you do.
- **Long-term indicators** measure what *results* from what happens; in essence, they are the objectives you set that tell you if you are achieving your goals (see Chapter 3).

Partnerships use indicators of all three kinds of results to improve their strategies. Although it is unlikely that a strategy can make big strides in meeting objectives quickly, you will want to demonstrate positive results to your community, partner agencies, and funders before the fundamental condition of children and families has had time to change significantly. Indicators of short-term and interim results supplement long-term indicators by allowing you to view early actions as essential results, even though they may not directly measure improvements in the lives of children and families. You can use these early results to show stakeholders that your comprehensive strategy is headed in the right direction.

Indicators of short-term results measure what you do. Indicators of short-term results address implementation issues: Are the activities specified in your chain of assumptions being implemented? At the intended level? With the intended clients? With what resources? Answers to these questions can help you hold collaborative partners, program staff, and other participants in your strategy accountable for their contributions.

Sample Questions for Monitoring Progress

Children and Families

What are the characteristics of those we are serving? Are these the people we meant to serve?

How do clients perceive our initiative? Are they satisfied with their treatment and services? What are their ideas for strengthening our approaches?

What's missing? Are there age groups, ethnic or language groups, or geographic areas that are not represented among those we are serving? How could we reach them?

Services

What services and activities are we sponsoring or providing? Is this what we meant to do? Are these services and activities consistent with the chain of events we think will lead to the improved results for children and families that we desire (see Chapter 3)?

Which services are going to which clients? Are there some activities or services that are more appealing to or needed by some segments of our clientele? Is our strategy appropriate to match the services and activities to the client groups?

How quickly are we responding to needs with services? Are there waiting lists that suggest a need for greater capacity in meeting particular needs?

What's missing? Is there an activity or service that could be added to our strategy that would increase the chances of achieving the results we seek? How could we incorporate it?

Staff and Other Resources

How are we using our staff? Are they doing what we think will best lead to the results we want?

How do staff perceive the various aspects of our initiative? Do they believe they are adequately trained for what we are asking them do to? What are their suggestions for strengthening our approaches?

What other resources are we using? Is this what we expected?

What's missing? Are there staff or other resources that, if we had them, would increase our chances of reaching our goals? How could we get them?

Collaborative Partners

Have partners fulfilled their commitments regarding activities, resources, and other forms of support? On schedule?

What's missing? Are there partners we could add to our collaborative group that would increase the chances we will reach the results we seek?

Community

How do community members perceive the initiative? Are they aware of our activities? Do they understand our goals? Do they support our work?

What's missing? Are there segments of the community whose support is missing but needed? Are there activities that would increase the community awareness, understanding, and support of our work?

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Think back to the example in Chapter 3 of a chain of assumptions for reducing student absenteeism in an effort to improve student achievement. Activities on that chain include a program to reduce the incidence of older students being kept home to care for younger children. Some indicators of short-term results for this chain might be:

- The number of parents who received information from school administrators on absenteeism and school policies
- The number of parent volunteers working with other parents to identify child care options
- The increase in child care options offered by current child care providers

Indicators of interim results measure what happens. Indicators of interim results move beyond basic implementation questions to address changes in behavior and attitudes that might contribute to the attainment of your objectives. In the student absenteeism example:

- Parents were expected to learn about the importance of regular school attendance and school policies on absenteeism.
- Parent volunteers were expected to work with other parents to create new informal supports for child care.
- Child care providers were expected to increase the child care options (e.g., sick-child and drop-in care) available to parents.

These changes can be measured to assess interim progress toward reducing absenteeism. The more these activities occur, the greater the chance of reducing absenteeism due to children being kept home from school to care for siblings. Along the same vein, reduced absenteeism can be viewed as an interim indicator toward the long-term goal of increasing children's success in school.

Feedback from community members and collaborative partners about their awareness of, experience with, and perceptions of your comprehensive strategy also can provide valuable interim results. Documenting the fact that activities are engaging staff and satisfying clients can help you sustain support for your strategy as it works toward longer-term results.

Remember to look for information that tells you not only what is happening with clients, activities, and staff, but also what *isn't* happening. Consider the following questions:

- What activities could be added to your comprehensive strategy that would make it work better, reach farther, or operate more efficiently?
- What change in procedures would help staff do their jobs better or more effectively incorporate the initiative into the life of the organization that houses it?

Keep in mind that, although objectives can be considered ends in themselves, some might also be interim indicators for other objectives. For example, decreasing the rate of diseases preventable by vaccination may be a worthy child objective in itself. However, if a community perceives absences caused by mumps and measles as a barrier to academic achievement, then decreasing the incidence of preventable diseases can also be seen as an interim indicator for the child goal of increasing children's success in school. The more you can link different objectives and chains of assumptions, the closer you will come to realizing the benefits of a truly comprehensive strategy.

Long-term indicators measure results. An indicator of long-term results tells you the extent to which you are achieving your goals (see Chapter 3). In the student performance example, indicators of long-term results would reflect the goals of student academic success.

Indicators might involve improved test scores or improved student grades.

How do Partners Select Indicators of Results?

As you choose the indicators for which you will collect information, consider similar criteria to those you used in choosing objectives:

- **Appropriateness.** Indicators should closely match the steps on your chain of assumptions. Decreasing the number of days of school missed because students were kept home to care for younger siblings is more appropriate to the chain of assumptions used in the example than is a general measure of absenteeism, which could be influenced by many other factors than child care options for young children.

- **Resources and burden.** Obtaining information takes effort on the part of those who give it and those who gather it. Maximize the use of information already available before beginning new data collection activities. For example, school records can reveal the behavioral (e.g., attendance) and academic (e.g., grades) results of students at the individual level (when specific students' records are considered) or at the school level (when the entire student body is measured). Other agency records can be equally useful when results are assessed at the neighborhood or community level. Crime reports from the police department reveal much about neighborhood safety; child abuse reports from the child protective services agency can show the extent to which family stress erupts in that form in a neighborhood or community.

- **Availability.** For community-level indicators in particular, often there is a mismatch between the geographic area that is considered a community by sponsors of a comprehensive strategy and the area for which indicator data are available. Data for some indicators are available only at a county level, an area that may not reflect the conditions of an inner city within that county. Also, community indicators that rely on census data or other national data collections may not be updated frequently enough to be helpful in tracking changes associated with your strategy.

Remember That Definitions of Indicators Are Not Always Consistent

Indicators of results for children and families are defined in many different ways, which makes it hard to determine what we really know about comprehensive strategies. For example, dropout rates are a common indicator of impact on older students, but that rate is variously defined as:

- The proportion of students who begin ninth grade but do not graduate within the next four years

- The proportion of twelfth-graders who do not graduate by the end of their twelfth-grade year

- The proportion of students who begin a given school year and drop out by the end

- The proportion of young people of a given age (e.g., 20 years old) who do not at that point have a high school diploma or certificate

Several efforts are under way to standardize definitions of indicators (e.g., California Interagency Data Collaboration, 1995; Family Health Outcomes Project 1995). See the Tool Kit for an example of a "data dictionary" that state-funded, school-linked service sites in one

state use to standardize the definitions of indicators they may use in measuring their results. You are encouraged to consult these sources or others that may be available in your state in defining your indicators so that the information you produce allows you to compare your results with other benchmarks.

Once you have chosen indicators, you are ready to collect data on the short-term, interim, and long-term results of your comprehensive strategy. In doing so, you will want to consider three factors:

- The types of information you can collect
- The groups for which you should collect information
- The efficiency of data collection

What Types of Information Can You Collect?

Using multiple sources of information and multiple strategies for collecting it help you develop a thorough understanding of what your strategy is doing and accomplishing. Such information could pertain to:

- Children and families
- Activities and services
- Staff and other resources
- Collaborative partners
- Community perceptions

Information on children and families. A basic question about children and families involved with a strategy is "how many are served?" If this is a short-term indicator for your strategy, event description logs can estimate the number of participants in activities of various kinds (see the Tool Kit for an example log).

An "intake" or "family profile" form, completed for each family within the first several weeks of their participation in activities, can provide additional information on clients who are more intensively involved with your strategy. Information on client characteristics will tell you who is attracted to or in need of your services and activities. Consider gathering intake data on the composition of the household, ages, school status, ethnic and language background, family strengths and needs, and participation in other programs such as Temporary Assistance to Needy Families (TANF) or bilingual education.

Enrollment information on children and families also can serve as a baseline measure of results. Ask families to report their current status on indicators of interim or long-term results that your partnership has selected. For example, if your partnership seeks to increase parent involvement in school activities, ask parents at enrollment about their current level of involvement. Use periodic follow-up interviews to assess changes in the level of involvement of enrolled families.

Providing intake information can be burdensome for clients, who may be asked the same questions by multiple programs or service agencies. Many comprehensive initiatives develop common intake forms for several programs or explore ways of sharing data electronically, using common identifiers for clients (see California Interagency Data Collaboration 1995).

Surveys and focus groups are useful approaches for obtaining information from children and families. However, written questionnaires can be perceived as "tests" by some groups and can limit the participation of those with low literacy skills.

Information on activities and services. A log of ongoing services will help you document the services and activities provided by your initiative. A sum of such counts, categorized by type of service, can document the level of activity of the initiative and its reach into the target community. (See the Tool Kit for a sample log and a graphic format for reporting service information.)

Some initiatives also track services received by individual clients or families or a subset of them, such as those receiving multiple services or case management. This approach links the pattern of services for clients to their individual results and thus measures the impacts of the strategy at the child or family level. Service providers that track individual services usually record individual client names or identification numbers along with the date and type of service. (For a sample form, see the Tool Kit.) Computer analysis usually is required to correlate results of specific children or families with the services they received.

Some initiatives choose a mixed approach for recording information on clients or services. That is, they document the number of participants in communitywide activities (e.g., a school health fair) or ongoing activities (e.g., a parent education class) and also record more information for a subset of "core families" who receive a broader array of services over a longer period of time.

Information on staff and other resources. Knowing the roles and activities of school nurses, case managers, teachers, family advocates, and other service providers lies at the heart of understanding the operations of a strategy. Daily activity logs can record the activities required of program staff to make a comprehensive strategy a reality. Activity reports can be expanded to record the amount of time devoted to particular activities. (See box on next page and Tool Kit.)

Other participants in the comprehensive strategy, such as part-time or volunteer workers, can document their activities by creating a diary of project work from which you can extract the critical incidents in implementing a

Focus Groups Can Indicate Interim Results

Focus groups typically include six to ten members for a conversation of up to two hours, guided by a short set of basic questions:

- What is your experience with the initiative?
- What would you tell a friend or neighbor about the program and what it is trying to do?
- What difference has it made to your family or your community?
- How would you change the program to better serve children and families?

A focus group can be audiotaped, or a "documenter" can take notes, but participant anonymity must be assured. Free refreshments and child care often increase participation. If clients or community members are invited to a focus group, they may express themselves more freely if the facilitator is not directly involved in their experience of the program; otherwise, participants may be perceived as criticizing a person whom the facilitator knows. If staff members or teachers are the focus group participants, the group should probably exclude supervisors or principals.

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comprehensive strategy. (See the Tool Kit for a sample.)

Time on Task

A youth-serving organization placed case managers in a local school to work with a group of high-risk young people, identified by their poor grades and citizenship marks. The evaluation for this program gathered data on how much time the case managers spent with the students in their caseloads. A look at the first three months of these data revealed that the case managers were working an average of 25 hours per month!

"What are you doing with the rest of your time?" asked the program evaluator. "Filling out the stupid evaluation forms!" replied the case managers. "Ah, we can record that time too," thought the evaluator. Indeed, the case managers' logs were altered to allow them to record the time it took them for "administrative tasks," including furnishing data to the program evaluator.

After another three months, the case managers were shown to be working 30 hours per month! What was going on?

The evaluation staff shadowed the case managers for a few days and discovered that instead of case management, these new and welcome workers in the school were being absorbed in tasks that the school considered essential: crisis intervention for students not on their caseloads; hall, cafeteria, and bus duty; and a myriad other tasks that the school suggested would help them fit in better.

These data prompted a renegotiation with the school administration about the purpose of placing these case managers there in the first place. Some staff were moved to new offices to keep them out of the main school traffic, and meetings were held with the teachers in the school to quell some resentment that these case managers did not have to "pull their load" on the routine school tasks.

What caused the project to become aware that the intervention was not being delivered and that these changes were needed? The simple act of adding up minutes spent on the core tasks of the program.

Source: Philliber, 1995.

Implementing your comprehensive strategy will take other resources beyond staff time, including dollars, training, space, equipment. You eventually may be able to demonstrate that good things happen for children and families through your comprehensive strategy. When you provide that documentation of results, the next question you surely will face is "but what did it cost to do that?" You need to record information on resources used as you go along in order to be able to answer that question.

Documenting the origin and use of relevant resources will enable you and your partners to demonstrate to constituencies their contributions to your efforts. (See the Tool Kit for an example.) You can add monthly calculations of these resources to estimates of recurring costs (e.g., a half-time counselor's salary, office space) in estimating the costs of a strategy or its components.

Information on collaborative partners. Members of a partnership can document what they do to implement the components of a comprehensive strategy by creating a diary of collaborative work from which the critical events in implementation can be abstracted. (See the Tool Kit for a sample.) Understanding important events in the life of an initiative "can inform the initiative's attempts at renewal, such as during changes in staffing, board membership, or the mission" (Fawcett 1994, p. 51).

You can also develop a "report card" on collaborative activities by periodically surveying partners for their views of their work. (See the Took Kit for an example.) Periodic surveys also can indicate changes in agency procedure, staffing patterns, or other aspects of systems change that are appropriate to the short-term, interim, or longer-term indicators you have selected.

Information on community members. Periodically soliciting feedback from community members will encourage broad community representation in all aspects of your comprehensive strategy. (See Chapter 2.) Ask community representatives about their awareness of, experience with, and perceptions of your initiative. Knowing where you stand relative to these stakeholders is essential in maintaining support for your activities.

For What Groups Should You Gather Information?

In collecting and interpreting information, you will face a persistent question: Can you attribute changes to your strategy, or is there some other explanation? The traditional way of answering this question–comparing a randomly assigned group of people who experienced the strategy to a control group that did not participate–is neither feasible nor appropriate for most comprehensive strategies, which are tailor-made for specific clients, organizations, or communities. But there are some procedures you can use to collect information that lends itself to valid comparisons. These include:

Matched comparison groups. A group of similar clients, a similar neighborhood or community, or a similar school sometimes can serve as a comparison for those involved in your intervention. For example, the evaluation of the Walbridge Caring Communities school-linked service strategy (Philliber Research Associates 1994) used a comparison school of very similar demographic characteristics in an adjoining neighborhood to isolate and identify the results of Walbridge's comprehensive strategy. Matched comparison groups are a persuasive method when the groups being compared are very similar except for the presence of the comprehensive strategy in one of them.

Trends in the general population. Existing databases can identify trends in the general population that you can compare to trends in the population participating in the comprehensive strategy. For example, if the rate of births to adolescents declines over a three-year period in a community that has launched a broad-based teen pregnancy prevention initiative, the fact that the community is bucking the national trend in adolescent births lends credibility to the conclusion that the initiative is working.

The closer to home you can get in defining the comparison population, the better. State trends are stronger comparisons than national trends; trend data for your county, city, or school district are better comparisons than data for your state.

Self-comparisons over time. Evaluations often include repeated measurements of the same indicators over time to determine if conditions are improving. For example, you can measure the condition of clients at the beginning of their involvement in a comprehensive strategy and then again at regular intervals–perhaps every six months during their involvement. (See the Tool Kit for an example of this form of client-level impact measurement.) Similarly, you can compare aggregate measures of student achievement on standardized tests or crime rates for a given community over several years to identify whether student performance and community safety are improving.

Multiple comparisons. Various comparisons can be combined in some ways to offset the shortcomings of each. For example, you could assess changes over time for your families or community and compare that trend for your county, state, or for the country at large, using available databases.

Your strategy operates in a complex environment, possibly alongside several other efforts that are addressing the similar goals of improving results for children and families. At the same time, the more effectively you articulate your vision of children and families the more you lay out a logical path to achieving that vision, and the more you demonstrate that you are following that path the more willing stakeholders will be to embrace and support your comprehensive strategy.

Collecting Information Efficiently

Although you can document some aspects of the work of your comprehensive strategy manually, you may choose to track many of the types of data described above through an automated management information system (MIS) designed to meet a range of information needs.

An MIS can help you systematically compile data and share information with collaborating agencies. For example, software is available to support case management, including modules to record case notes, remind staff of pending follow-ups, schedule appointments, and produce standard reports for specific programs. The benefits of a good MIS are substantial, but the investment in equipment and training can be significant.

Even if you have developed a near-flawless process for collecting information, the data you need may not always be readily available. Because your chain of assumptions shapes your information needs—and those assumptions may change over time—it is important to build flexibility into your data collection processes.

Keep identifying data sources that are appropriate to your information needs. If time and resources permit, you can add these new information sources to your data collection. If you frequently have trouble finding the

One State's Experience With an MIS

In 1990, the Kentucky Education Reform Act (KERA) established Family Resource Centers (at elementary schools) and Youth Service Centers (at middle and high schools) on the assumption that by reducing "barriers to learning through school-based family support and parent involvement initiatives" (Illback 1993, p. 4), children would perform better in school. A primary goal of the evaluation of these centers is to make data useful for center coordinators so that they can improve program offerings. Each center has an MIS that enables evaluation to be built into coordinators' daily routines. Coordinators enter data regularly into the MIS and send it twice a year to the evaluator, and throughout the year they access their own data to use for program improvement.

Although most coordinators agree that the MIS helps them do their jobs better, some coordinators express mixed reactions. Problems with the MIS include: the need to make hard choices between filling out paperwork for the MIS or delivering services, inexperience with using data for program planning, and delays in technical assistance for coordinators in using the MIS.

Even so, some coordinators are using the MIS effectively. One coordinator used county data on teen pregnancy and state MIS data from students' self-assessments of need to seek funding for the first full-time school-based health center in his county. "Without the data generated from the MIS on students' health needs, I could never have expanded our services this way because I would not have had an objective base for establishing need. As a result of being able to capture data, I'm able to present information in grants and basically double the size of my program. When people are doling out money, they want hard facts, and the MIS helps me provide them," the coordinator said. Other administrators noted that the MIS, however burdensome it may be at times, gives coordinators the ability to share information with local stakeholders and legislators.

Source: Abstracted from Replogle 1995.

information you need to demonstrate results, reassess your processes. Ask other stakeholders in your community for advice on better ways to track and organize data on activities and the children and families they serve.

Using the Information You Collect to Improve Your Comprehensive Strategy

The information you collect will provide the tools you need to improve your comprehensive strategy. For example, you may discover that your strategy has succeeded in achieving one objective, but not another. For the objective you did not achieve, you can ask whether one or more of the designated steps in your chain of assumptions never took place, whether the activities were implemented inadequately, or whether the logic of the chain is flawed or incomplete.

You can use the information you have collected to determine which scenario applies. In our student absenteeism example, perhaps parents did not receive the information on school policies and the impact of absenteeism. Perhaps they received the information but could not understand it. You can adjust these activities and try again to get the results you desire. Collect information again on indicators and objectives to see if the missed step was the problem.

Of course, there is a chance that all the intended steps occurred but the strategy still did not achieve the objective. If this is the case, there may be a fundamental problem with the logic of the chain of assumptions. Perhaps an important event was not included on the chain, or perhaps an existing step is hindering attainment of the objective.

Revisit your chain and the links that compose it. Ask yourself: How else can we get from where we are to the results we desire? Consider the possibility of designing a new chain of assumptions, establishing new indicators, and collecting new information on them.

It may take longer to achieve some objectives than others. For example, if you focus resources intensively, you may be able to reduce in six months the portion of student absenteeism that is due to students' child care responsibilities at home. However, you may need a much longer and more multi-faceted approach to reduce unexcused absences among students who are poorly engaged in learning. Even with activities that take a longer time to reach objectives, you can measure achievement against indicators of short-term and interim results.

Explaining Results to Stakeholders

The many stakeholders who have invested time and money in your comprehensive strategy naturally want to know if the strategy has made a difference in the lives of children and families. They are also likely to want to know what resources have been needed to make that difference. You can be accountable to stakeholders by regularly reporting back information as it becomes available. For example:

- State at the outset the goals of the strategy and your plan for achieving those goals
- Provide information on short-term and interim results
- Report the ways in which the strategy is working and the ways it is not
- Encourage stakeholders to contribute ideas on how to make improvements

The more you can involve stakeholders in the process of continuous evaluation, the greater the likelihood that your comprehensive strategy

will attract appropriate partners, participants, resources, and support for long-term changes.

Key stakeholders include: parents, grandparents, and extended family members who are involved in children's lives; staff and administrators from agencies and schools; local business, religious, and government leaders; and community advocates. The box below outlines strategies for sharing information about results with these stakeholders.

Strategies for Sharing Results with Stakeholders

- ☐ Focus on the details of how your strategies have improved academic performance, school attendance, student health, and other conditions.
- ☐ Compare the costs of your comprehensive strategy to what it would cost your community if the strategy were not available.
- ☐ Keep information updated and available to use in various forms-presentations, newsletters, meetings, and press releases.
- ☐ Designate one partner as the primary person responsible for sharing information with stakeholders.
- ☐ Develop good written communication in all languages relevant to your community.
- ☐ Supplement newsletters and other written communication with personal contact and invitations to visit program sites. Hold open house events to brief officials and give all stakeholders an opportunity to interact.
- ☐ Be inclusive in your outreach. Simple matters can take on unnecessary significance if stakeholders sense there is unequal access to information.
- ☐ Send a representative to public gatherings where you can interact with stakeholders face to face, answer questions, distribute information, and build new alliances
- ☐ Cultivate the informal grapevine of communication among parents and community members and make sure the information that it carries is accurate.

Adapted from U.S. Department of Education 1996, pp. 79, 86-88

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Working proactively with the media can also generate public support and effectively disseminate the knowledge you gain from evaluation. Although it is natural to want to avoid sharing information with the media when findings reveal shortcomings in your comprehensive strategy or when your program's successes in some areas outstrip its progress toward other goals, open relationships with the news media can build community awareness and support for your efforts. The real winners will be community members who will become better informed and presumably more supportive of comprehensive efforts.

Here are some suggestions for developing productive relations with the media and other stakeholders:

Identify the communication tools you can use to disseminate your message. Include alternative and neighborhood news outlets as well as mainstream sources.

Pick one or two credible, accessible members of your team to be key media representatives, so that your message to the community is consistent. Media contacts should be able to serve as liaisons between reporters and sources within your group of evaluators.

Know your audience. Discuss how the community is likely to react to each program element. Work your way up the controversy scale, developing honest responses to issues. These responses should provide the media with accurate information and legitimate arguments to counter concerns.

Develop a few powerful, simple messages that support your program. For example, focus on your goals or the economic impact of clients' problems. Contact editorial writers, editors, and reporters to explain your messages. Provide them with a "snapshot" of local data and findings that they can use to justify coverage in the interests of parents, community members, and policy makers.

Be specific when you explain your strategy. Describe the activities, resources, responsibilities, schedules, and results in a straightforward way.

Be prepared to respond to community concerns with media savvy and compelling arguments. For example, provide testimony from a program client that provides a human angle for reporters, supported by additional facts. Member of your partnership may want to hold a joint press conference, so reporters can gain access to a variety of viewpoints.

Respond to media inquiries quickly, concisely, and accurately. Describe your results honestly, even if interim data indicate temporary setbacks, to build your evaluation's credibility. A reporter who senses evasiveness will be forced to focus the story on the problem rather than on broader issues.

Provide reporters with a chance to follow up on their stories. Call the reporters who have covered child care stories in the past, for example, and tell them when you begin to find solutions to the issues they have covered. Discuss your findings in a way that connects them to important policy issues.

Provide descriptive, local examples that illustrate your results. Help the reporter connect these stories to regulation, funding, or other local and state issues. Try to link the reporter with any other research on your own community that relates to your findings.

Make public relations an ongoing part of program operations. By keeping your efforts in the news, you will keep community members interested. You may want to: include media representatives on your program's advisory committee; solicit comments from community members frequently through focus groups, mail-in responses, and/or radio talk shows; and

maintain regular contact with members of the media.

Publicize your results. Don't wait for reporters to discover that you have findings-let them know what you're doing as you progress from forming a partnership and setting goals to measuring and analyzing results. Issue press releases and hold news conferences.

5. RESOURCES FOR OBTAINING GOOD INFORMATION

Information usually isn't free; gathering and using good information requires resources. Your choices regarding the information you need and how you will collect it will determine the resources your initiative needs in order to gather good information. You may need one or more of the following:

- Staff time to computerize or hand-tally quantitative data—for one person who is responsible for all information management, or for several people who each will enter information on their own activities
- Training in data entry, compilation, and reporting skills for people involved in these activities; training in how to interpret and use information for managers and other decision makers
- Computer equipment and software for data entry, compilation, and reporting
- Focus group leaders to obtain qualitative information from participants, including facilitators who can conduct focus groups in the home languages represented in the community

Some important resources may exist within partners' organizations. Others may need to be obtained from outside the partnership and the program being evaluated. This chapter describes key internal and external resources and suggests ways in which they can enrich your evaluation.

Internal Resources Strengthen Evaluation

Your partnership inevitably has many assets that can contribute to evaluation.

Staff knowledge. An important first resource is the knowledge of your partnership's own staff members. On-site staff who gather information may be able to compile, enter, and report data using computerized or paper-based systems, or to conduct focus groups or ethnographic interviews that produce reliable feedback. Program leaders and decision makers can interpret and use the information to yield accurate assessments, guide program planning, adjust the course of current efforts, and satisfy funders.

Program staff who participate in information gathering can use their own knowledge about how a program does (and doesn't) work to identify many of the components that measure results. Staff input has several advantages:

> *Staff who believe that they are being seriously consulted about the measures that will be used to assess their work have an acute awareness of what is fair. Staff will sometimes... argue for more demanding standards than an external evaluator might. But the key is that they have an opportunity which is more than token to reflect on what they do every day and how it can be fairly measured-given the resources and external effects they deal with in their work (Young, Gardner, & Coley 1994).*

Look for Internal Resources First

Are there parents and/or community members who can participate in data collection?

Which of your partners has a computer you can use?

Who has already collected data that you can build on? Do any of your partners have databases you can use or adapt?

Who has staff or graduate students whom you can involve in collecting, compiling, or analyzing information?

Are there local universities or colleges you can include as partners who will bring expertise, staff time, and equipment into your pool of internal resources?

Take a hard look at how collaborators collect and use information to assess their own progress. Staff from partner organizations may be able to gather data or train a program's own staff to collect and use information. Or, they may serve as a liaison between the project and a third entity that has expertise or infrastructure for evaluation. The same networking skills that support service delivery can build capacity for data collection and analysis.

Existing data systems. As noted in Chapter 4, data systems that can contribute to information collection include academic, behavioral, and discipline records from schools and community crime and child abuse reports. Other data systems that support evaluation include: (1) case management or client tracking systems; (2) shared information systems, which centralize data from multiple programs or agencies; and (3) data matches, which map client data across programs and agencies. For example:

- A partnership in California matched student records at eight schools against databases for 19 city and county programs to find out how many children used multiple services, whether students having difficulty in school were more likely to use public services, and whether service use varied among racial and language groups (Marzke, Both, & Focht 1994, p. 36).

- Ten agencies in Oregon participate in a shared information system to centralize data and produce summary reports (Marzke, Both, & Focht 1994, p. 37).

- An automated case file used by a program in Minnesota links home-based case managers with a database and action plan on the county mainframe computer, via laptops. The system includes information on family needs, assessment, referrals, follow-up, case planning, and client progress toward goals; caseworkers with shared cases can communicate and coordinate their efforts (Marzke, Both, & Focht 1994, p. 35).

These systems can collect information on short-term, interim, and long-term results (useful to evaluators as well as front-line practitioners); identify patterns in service use; place a program's efforts in context within community needs and resources; and, in some cases, generate interim summary reports. However, they require staff training and time to keep the systems updated.

Parent and community contributions to evaluation. Parents and community members can bring meaningful perspectives on services to an evaluation. By participating in information collection, they also learn new skills that strengthen them and establish positive relationships between them and professional staff. For example:

- Parents and students at a middle school in Philadelphia helped gather information on how a school reform effort improved students' readiness for high school. Students participated in focus groups and ongoing data gathering and analysis sessions; developed recommendations for school staff that related to the project's

goals; and helped prepare a workshop for a national education forum. Parents participating in a research team conducted focus groups with teachers, analyzed data collected from students and alumni, learned ethnographic skills for "shadowing" and interviewing students, and helped revise the research plan to obtain a better understanding of students' perspectives.

If you involve student interns, parents, and/or community members in evaluation research, keep in mind that they may require some training and oversight.

Using internal resources builds local capacity for evaluation. It can save money, provide opportunities to develop on-site expertise and solidify partnerships between collaborators, and produce findings that are enriched by the first-hand knowledge of program staff.

Outside Resources Contribute Additional Expertise

Depending solely on the expertise and resources available within a collaborative effort can limit an evaluation's scope and impinge on scarce time and staff resources. To avoid these problems and to improve evaluation quality and credibility, outside resources are valuable.

Outside evaluators offer expertise and objectivity. External evaluators can augment limited resources within a program and bring a new perspective to your thinking about evaluation issues and options. Outside evaluators are not burdened by the responsibility of operating the program or by the political decisions and emotional investments that may affect program staff.

External evaluators should not simply descend on your program and conduct an evaluation. Evaluation is something that a program should do as a normal part of its existence; it is not something that should be done *to* you. Carefully define the scope of the external evaluator's role so you both understand the expectations and approaches. Ask the evaluator to explain in detail how he or she envisions each step of the evaluation, including staffing and budgeting.

Where can you find outside evaluators? You may find outside evaluators at local colleges or universities (e.g., graduate students or professors with experience in program evaluation) or through recommendations from programs that have already evaluated their efforts. Read other programs' evaluation reports to identify evaluators who produce useful, comprehensive information. Talk with your peers at other programs who may be able to identify evaluation sources.

How much does an outside evaluator cost? The primary cost for an outside evaluation is for the evaluator's time. A university-based evaluator may charge upwards of $250 a day; a private evaluator may charge considerably more. To estimate the cost of your evaluation, identify each phase of collecting and analyzing information, and estimate how many days it should take to complete each step.

To make an evaluation more cost-effective, consider whether program staff or volunteer resources can collect and compile much of the data for the outside evaluator. (The external evaluator should always be involved in designing the evaluation, however, to ensure that the information collected is useful and directly relevant to the evaluation.)

Desirable Qualities in an Outside Evaluator

- ☐ A track record of professionalism and productive evaluations of similar programs
- ☐ Technical skill in collecting and using information that matches the requirements of evaluating your program
- ☐ Integrity and objectivity
- ☐ The ability and desire to communicate regularly with program staff and leaders during data collection and analysis—in understandable language, not jargon
- ☐ A willingness to include program staff, parents, and clients in gathering information, to build capacity and investment
- ☐ Cultural compatibility or sensitivity
- ☐ Flexibility; a willingness to help program staff develop a customized evaluation that satisfies local needs and resources
- ☐ An ability to provide documentation of evaluation stages so program staff can replicate the process
- ☐ Goals and expectations for the evaluation (and for the roles and responsibilities of people involved in the evaluation) that are compatible with those of program leaders

Adapted from Knauft 1994, p. 45

Resources contributed from outside your partnership can be cost-effective. Key outside resources include the time and expertise of graduate student interns from local colleges or universities. Student interns who help programs with data collection and analysis offer fresh knowledge of evaluation techniques and approaches-and extra eyes, ears, and hands to do much of the work of information collection so program staff can focus on providing services. At the same time, student interns gain valuable experience by participating in a real evaluation.

A Word about Confidentiality

Confidentiality is important not only to protect the privacy of children and families, but also to establish trust between program staff and the clients they serve. Client perceptions of confidentiality are as important as legal enforcement; if a client fears his or her needs are not private, he or she is less likely to seek services. At the same time, each partner involved in a collaborative program wants access to information about clients-especially when that information will enable partner organizations to improve services and satisfy evaluation needs. In some cases, the issue is complicated by legal restrictions on information sharing across agencies, especially those that serve undocumented residents and clients seeking services for sexual abuse and mental health needs.

But confidentiality concerns need not prevent a partnership from sharing information. In many cases, confidentiality concerns are more perceived than real, and several strategies offer protection from breaches of confidentiality. These strategies include:

- Obtaining informed consent for information-sharing from clients
- Developing user identification codes or passwords that protect client information
- Developing shared policies, definitions, and standards for controlling and using client data

For further discussion of confidentiality issues and strategies, see the documents referenced in the "Resources on Resources" box.

Resources on Resources

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An Evaluator's Tool Kit:

Sample Forms, Matrices, and Checklists for Collecting and Using Good Information

Tools for Getting Started

Tools for Documenting Progress and Results

Tools for Getting Started

This section includes:

- **Sample Goal Matrix Expanded to Include Resources and Activities**
- **Sample Goal Matrix Expanded Yet Again to Include Modified and/or New Activities for Achieving Objectives**
- **Sample Criteria for Choosing Activities to Achieve Objectives**
- **Blank Goal Matrix**

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Explanation of Sample Goal Matrices

- ☐ **Sample Goal Matrix (page 14 of the Guidebook)**
- ☐ **Sample Goal Matrix Expanded to Include Resources and Activities**
- ☐ **Sample Goal Matrix Expanded to Include Modified and or New Activities**

Purpose

- To provide a structure for organizing the goals of the partnership, information available on each goal, resources and community activities related to each goals, and potential new activities that a strategy could use to reach each goal.

These matrices help a partnership:

- See what is known about an area addressed by a goal and identify knowledge gaps that must be filled before partners can develop an informed strategy
- Learn how to collect the missing information
- Think about potential informal and formal participants in a strategy and consider how their current activities may contribute to an effective strategy
- See what important activities are missing in a strategy and identify potential participants who should be involved in new activities

Who develops and reflects on the matrices?

- The processes involved in completing and periodically updating these matrices should include all important stakeholders in your comprehensive strategy. Leaving out an important group (e.g., students, parents, teachers, business people) means that your strategy is not taking advantage of all available information and resources.

Refer to Chapter 3 in the Guide Book.

Sample Goal Matrix Expanded to Include Resources and Activities

Goal	Current Understanding ***Where are we in relation to where we want to be?***	Resources Informal ---------- Formal Community	Parents	Children and Youth	Schools	Service Providers
Our children will demonstrate academic success.	High absenteeism is a barrier to improving academic performance. Unexcused absences are common. Students often do not complete missed assignments and fall behind in their classes. In some schools, older students often miss school to care for younger siblings when parents are unable to do so. The problem is especially acute for girls. Most are in single-parent families. Parents keep older children out of school to provide child care when younger children are sick or when parents must keep appointments for services or conduct other family business where taking younger children is difficult.	<u>Resources:</u> Local businesses <u>Existing Activities:</u> None	<u>Resources:</u> Ability to monitor student attendance Ability to use alternative child care arrangements rather than requiring older students to miss school to care for younger siblings <u>Existing Activities:</u> None	<u>Resources:</u> Ability to be responsible for completing missed assignments <u>Existing Activities:</u> None	<u>Resources:</u> School counselors Teachers PTA <u>Existing Activities:</u> School counselor monitors which students are frequently absent Some teachers have procedures in place for communicating homework assignments and classroom work to students who miss school	<u>Resources:</u> Child care providers <u>Existing Activities:</u> None

Adapted from Lodge and Hart (1994), p. 30.

Sample Goal Matrix Expanded Yet Again to Include Modified and/or New Activities for Achieving Objectives

Goal	Current Understanding ***Where are we in relation to where we want to be?***	Resources Informal ---------- Formal					Objectives
		Community	Parents	Children and Youth	Schools	Service Providers	
Our children will demonstrate academic success.	High absenteeism is a barrier to improving academic performance. Unexcused absences are common. Students often do not complete missed assignments and fall behind in their classes. In some schools, older students often miss school to care for younger siblings when parents are unable to do so. The problem is especially acute for girls. Most are in single-parent families. Parents keep older children out of school to provide child care when younger children are sick or when parents must keep appointments for services or conduct other family business where taking younger children is difficult.	Resources: Local businesses Activities: Businesses donate funding, equipment, meals, and/or volunteers for before- and after-school programs that offer child care and tutoring for students who have missed significant amounts of school	Resources: Ability to monitor student attendance Ability to use alternative arrangements rather than requiring older students to miss school to care for siblings Activities: Parents contact a school liaison or use resource information provided by the partnership to find appropriate child care alternatives Some parents volunteer in school-based academic enrichment and child care programs	Resources: Ability to be responsible for completing missed assignments Activities: Students use tutoring programs and homework hotlines to complete missed work	Resources: School counselors Teachers PTA Activities: All teachers contact parents of students with frequent, unexcused absences to identify cause, help identify appropriate solutions, and increase parents' involvement in their children's education Counselors contact frequently absent students to connect them and their families with child care and academic support programs The PTA makes absenteeism a priority issue and helps partners seek long-term solutions	Resources: Child care providers Activities: Child care providers, working with schools, businesses, and other partners, establish emergency care programs for sick children so parents have better short-term alternatives	Increase: (1) the number of students performing at grade level or higher; (2) scores on state assessments given at the end of fourth grade; (3) parent involvement in education; (4) child care opportunities for parents; (5) academic support services for students who miss school; and (6) communication among students, teachers, and parents to identify and resolve cases of frequent absenteeism Decrease the rate of unexcused absences among all students

Adapted from Lodge and Hart (1994), pp. 32-35.

Sample Criteria for Choosing Activities to Achieve Objectives

For each objective that you identify, several strategies may be possible. In order to choose interventions with maximum impact, analyze each possible activity according to its contribution, constraints, consequences, and costs. Optimal strategies are those that contribute the most with the least cost, consequences, and constraints. You may want to use the following criteria:

Contribution

Evaluate each activity in terms of the contribution it will make toward achieving the objectives. Be sure to consider:

- ***Impact.*** Does the activity have a direct or indirect effect on the condition?
- ***Scope.*** How many people or things can be reached by the activity?
- ***Permanency.*** How long will the effect last? Will the activity have to be repeated? If so, how often?

Constraints

Test each activity for existing or potential constraints that might limit implementation and therefore make it inappropriate. Consider the following types of constraints:

- ***Physical.*** Are there geographic, mechanical, natural, or other barriers or conditions that impede implementation?
- ***Legal.*** Are there laws or regulations that impede implementation?
- ***Administrative.*** Are there administrative factors such as lack of personnel or prior commitments to other programs that could limit implementation?
- ***Distributional.*** Are things and people actually at the places where the activity will be implemented? If not, can they get there?
- ***Political.*** Are there political reasons why the activity may be inappropriate, unwise, or unacceptable?
- ***Traditional, social, and religious.*** Will customs and traditions restrict community commitment to implementing the activity?

Sample Criteria for Choosing Activities to Achieve Objectives (Continued)

Consequences

Analyze each activity to determine its potential effects on other parts of the comprehensive initiative and on other programs, agencies, or collaborative groups. These effects are called "consequences," "repercussions," or "spill overs," and include the following:

- Will the activity reduce the output of other providers?
- Will it affect the recipients of other services?
- Will participants in the intervention affect nonparticipants?
- Will it delay other programs or initiatives?
- Will it create demand for other programs or initiatives?
- Will it run counter to other collaborative, community, or agency goals?

Cost

Analyze each activity in terms of its cost. Consider:

- ***Expenditures.*** Are the major expenses identified? Are the cost estimates for each verified?
- ***Revenues.*** Are the required financial resources actually available? If not, are potential sources identified? Are there budgetary constraints that could preclude spending in this way?

Adapted from Lodge and Hart (1994), pp. 32-35.

Blank Goal Matrix

Goal	Current Understanding ***Where are we in relation to where we want to be?***	Resources Informal ---------- Formal					Objectives
		Community	Parents	Children and Youth	Schools	Service Providers	

Tools for Documenting Progress and Results

This section includes:

- Explanation of Forms for Recording Activities
  - Sample Form for Recording Services
  - Sample Encounter Log
  - Sample Event Log
- School Based Case Management-Weekly Encounter Record
- Explanation of Log of Resources Obtained
  - Sample Log of Resources Obtained
- Explanation of Community Report Card
  - Community Report Card
- Explanation of Changes in Outcomes for Intensively Served Families
  - Sample Format for Reporting Child and Family Outcomes
- Sample Survey of Constituent Satisfaction
- Draft "Data Dictionary"

Explanation of Forms for Recording Activities

- ☐ **Recording Ongoing Services**
- ☐ **Encounter Log**
- ☐ **Event Log**

Purpose

- To document the activities involved in carrying out a comprehensive strategy, including the participation of specific partners

These forms:

- Help a partnership know whether it is on track with its plan for carrying out a comprehensive strategy. Answers the question, "Are we doing what we meant to do?"
- Chart the implementation of particular activities which are interim outcomes on the way to achieving the partnership's goals of improved results for children and families. Answers the question, "What have we achieved so far?"
- Track the participation of specific partners which improves accountability for interim results and enables the partnership to give credit where credit is due. Answers the question, "What is everyone's part in the strategy; is this what was promised?"
- Document "first time" events happening in the community, the building blocks for larger systems changes. Answers the question, "So, what have we done for the community lately?"

Who completes the forms?

- *Sample Form for Recording Ongoing Services*: Service providers associated with ongoing group activities that are part of a comprehensive strategy. For example, a social worker might report who attends a parent education series or a parent support group. A teacher might report who attends an afterschool homework club.
- *Sample Encounter Log (and Case Management Weekly Encounter Record)*: Service providers (specifically, case managers) who have contact with individual clients. A school counselor might report on sessions spent with particular students, a school nurse might report who received health screenings or services, or a social worker might report on clients he/she saw for service coordination.

- *Sample Event Log*: Designated participants in the comprehensive strategy, such as the coordinator and staff of key partners in the strategy. For example, a school nurse could report on a health fair sponsored by a school-linked services initiative, whereas a parks and recreation staff person in the same initiative would report on sports events sponsored through the initiative.

Who reflects on results?

- The entire partnership and community members.

How often are forms submitted?

- Regularly (e.g., monthly) to a designated compiler of the ongoing log of activities.

Refer to pages 27-28 in the Guide Book

Sample Form for Recording Services

Ongoing Services Provided

Site: _____
Recorder: _____
Date Recorded: _____

Using this form, please describe classes, workshops, newsletters, screenings, or other information or service programs provided to community members. Please note if this is the first time this service has been provided in the community.

Date (M/D/Y)	Ongoing Service	Location of Service	No. of People Attending	New Service?

Please send this form to the evaluators by the first Friday of every month.

Source: Adapted from Fawcett (1994), p. 24.

SAMPLE ENCOUNTER LOG

Site ID: _____ **Form completed by:** _____

Loc.#: _____ **Contact at:** ( ) _____

_____

(Title of Collaborative)

ENCOUNTER: Record each service delivered on a separate line. Note duplicate information with vertical arrows in columns.

Client Name	Client ID #	Birth date (M/D/Y)	Gend. (circle) M F	Ethnic. (code)	Date of encounter (M/D/Y)	Referred by (code)	Location (code)	Service need (code)	Status (codes)	External referral info./comments
			1 2							
			1 2							
			1 2							
			1 2							
			1 2							
			1 2							
			1 2							
			1 2							
			1 2							
			1 2							

Ethnicity = 1) American Indian, 2) Asian, 3) African American, 4) Hispanic, 5) Pacific Islander, 6) White
Referred by = 1) self, 2) family/friend, 3) On-site service provider, 4) school staff, 5) off-site service provider.
Location = 1) school campus, 2) off-campus center, 3) client's home, 4) telephone, 5) other (specify)
Status = 1) service delivered, 2) awaiting service, 3) service not available, 4) client refused service, 5) external referral made (note agency in comments column).

SAMPLE EVENT LOG

Site: _____
Recorder: _____
Date recorded: _____

Using this form, please describe: (1) actions taken to bring about changes in the community that are related to your collaborative's goal(s) and (2) changes in programs, policies, and practices that are related to the goal(s).

Date (M/D/Y)	Event Describe the event in detail. Include: a. Why is it important? b. What happened as a result?	Description a. Who was involved? b. What organizations collaborated? c. What community sector or objective does this relate to in the plan? d. Was this the first time this event occurred?

Please send this form to the evaluators by the first Friday of every month.

Source: Adapted from Fawcett (1994), p. 24.

School Based Case Management - Weekly Encounter Record

Staff Time Record

SCHOOL NUMBER: 1 2 3 4 5 6 7 8 9 (circle one)
Week Beginning: _____/_____/_____
Month Day Year

F = Face to face encounter
O = Other type of encounter
N = New referral (use code)

R = Referral (use code)
T = Topic (√)
C = Completed referral (√)

HV = Home visit
S/C = Status Change (use code)

ID	Contacts: (Write Time)							Topics and Referrals: (check topics, code referrals)																
	Student		Parent/ Family		Other		H V	School		Legal		Drug/ Alcohol		Family		Peer		Sexuality Issues		Emotional Issues		Basic Needs		S / C
	F	O	F	O	F	O		R	T	R	T	R	T	R	T	R	T	R	T	R	T	R	T	
								N		N		N		N		N		N		N		N		
								C		C		C		C		C		C		C		C		
Total																								
								N		N		N		N		N		N		N		N		
								C		C		C		C		C		C		C		C		
Total																								
								N		N		N		N		N		N		N		N		
								C		C		C		C		C		C		C		C		
Total																								
								N		N		N		N		N		N		N		N		
								C		C		C		C		C		C		C		C		
Total																								
								N		N		N		N		N		N		N		N		
								C		C		C		C		C		C		C		C		
Total																								

Status Change Codes

1 None
2 Became sexually active
3 discovered to be using drugs/alcohol
4 ran away
5 arrested
6 pregnancy
7 suspended
8 expelled
9 hospitalized
10 charged w/crime
11 reported to be abused
12 moved out of home
13 case closed; moved out of district
14 case closed; other reason _____ (what?)
15 other (what?) _____

Referral codes:

1 Plein Bottle Shelter
2 Plein Bottle Counseling Center
3 In School
4 Alateen
5 Helpline
6 Planned Parenthood
7 C A L M
8 Child Protective Services (CPS)
9 Zone Svcs
10 Community Recreation Program
11 Summer School
12 Plein Bottle Jobs Program
13 Other _____ (what?)
14 Other counseling/therapy
15 Probation
16 Outside Tutoring
17 Medical Referral
18 Church Youth Group

Total F Interactions
Time This Week:
____ Minutes

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Explanation of Log of Resources Obtained

Purpose

- To document the contributions of goods and funds involved in carrying out a comprehensive strategy

This form:

- Charts the contributions of resources to let a partnership know the true costs of a comprehensive strategy. Answers the question, "What does our strategy really take?"
- Documents particular resources that can be interim outcomes on the way to achieving the partnership's goals of improved results for children and families (e.g., getting a donation of furniture in order to open a family resource center). Answers the question, "What have we achieved so far?"
- Tracks the contributions of specific partners, which improves accountability for interim results and enables the partnership to give credit where credit is due. Answers the question, "What is everyone's part in the strategy?"
- Records contributions that show a sign that the strategy is attracting support; publicizing support can generate more support. Answers the question, "What do we have to crow about?"

Who completes the log?

- One or more designated participants in the comprehensive strategy, especially the coordinator.

Who reflects on results?

- The entire partnership and community members.

How often is the log submitted?

- Regularly (e.g., monthly) to a designated compiler of the ongoing log of activities and resources.

Refer to pages 28-29 in the Guide Book

SAMPLE LOG OF RESOURCES OBTAINED

Include cash, grants, and in-kind donations (e.g., free professional services, food).

Date (M/D/Y)	Source	Donation & Estimated Value	Cash/Grant Amount

Please send this form to the evaluators by the first Friday of every month.

Source: Fawcett (1994), p. 25.

Explanation of Community Report Card

Purpose:

- To document the status of children and families in a community. Repeated compiling of the report card shows change in status over time.

This form:

- Charts the status of children and families during the planning stage to let partners know where they are starting from and to identify outcome areas that are both positive and in need of attention. Answers the question, "Where are we now?"

- Lets a partnership know whether targeted outcomes are improving. Answers the question, "How are we doing in improving results for children and families?"

- Allows a partnership to compare results in specific outcome areas to see if targeted outcomes are improving, whether some outcomes seem to be connected (go up together, stay flat together), and whether a change in direction is needed to target different outcome areas. Answers the question, "Where are we having an impact; where aren't we?"

Who develops the report card?

- *Who identifies indicators to include in the report card?* All major partners and representatives of the community should reach consensus on indicators of child and family status that will demonstrate the impacts of the comprehensive strategy.

- *Who compiles indicators?* A designated person (inside the partnership or hired for this specific purpose) who is familiar with community data sources should explore the kinds of data readily available and be responsible for compiling the report card.

Who reflects on results?

- The entire partnership and community members.

How often should a report card be compiled?

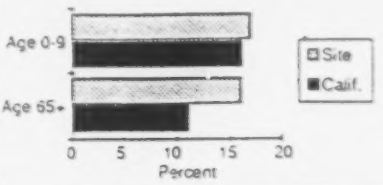
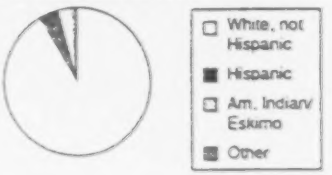
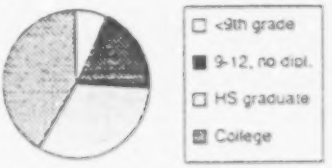
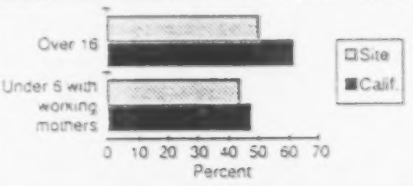
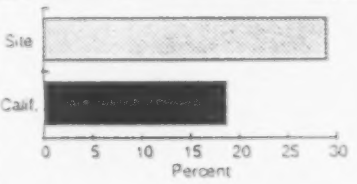
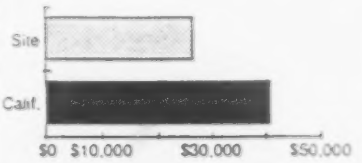
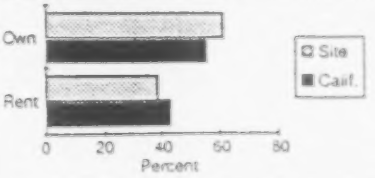
- Perhaps every two years. Note, however, that new data will not be available for some indicators (e.g., from the U.S. Census) that often. Investing effort in tracking community-level indicators more often than every two years may not be warranted and may create unreasonable expectations for quick change, since these indicators do not change quickly.

Refer to Chapter 2 in the Guide Book

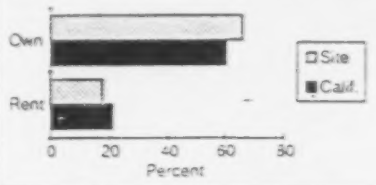
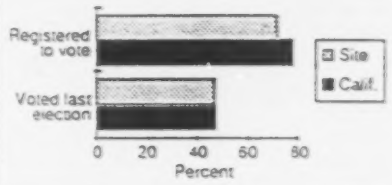
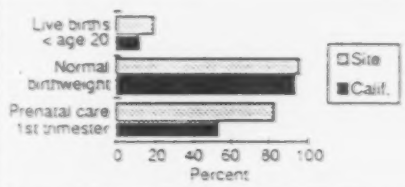
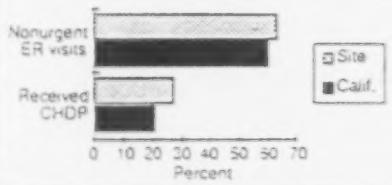
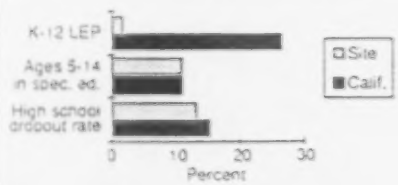
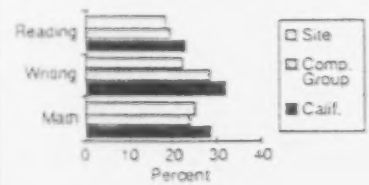
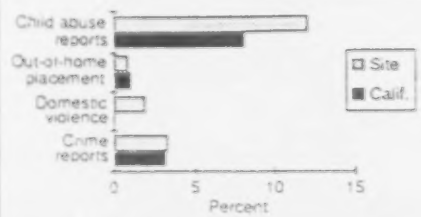
Community Report Card

ANDERSON PARTNERSHIP FOR HEALTHY CHILDREN

Total population: 13,615 Area: 24.9 square miles

	Site	Calif.	
Population			
Ages 0-9	17%	16%	
Age 65 and over	16	11	
Density: 547 persons/square mile			
Ethnicity			
White, not Hispanic	91.5%	57.2%	
African American	0.6	7.0	
Hispanic	4.1	25.8	
Asian/Pacific Islander	0.6	9.1	
American Indian/Eskimo	3.2	0.6	
Other	0.1	0.2	
Educational attainment			
Persons 18 and over with:			
Less than 9th grade	8.1%	10.7%	
9th to 12th, no diploma	21.6	14.2	
High school graduate (or equivalent)	34.0	23.1	
Some college	26.4	23.8	
Associate degree	7.2	7.5	
Bachelor's degree	3.5	13.9	
Graduate or professional degree	1.3	6.9	
Employment			
Persons over age 16 in labor force	50%	61%	
Children under age 6 with working mothers	45	47	
Economic well-being			
Children under age 6 in poverty	30.4%	18.6%	
Median family income	$25,389	$40,559	
Home ownership			
Persons living in an owned housing unit	60%	55%	
Persons living in a rented housing unit	40	42	

ANDERSON PARTNERSHIP FOR HEALTHY CHILDREN (concluded)

	Site	Calif.	
Mobility			
Occupants of owned housing units who have lived there at least 5 years	65%	60%	
Occupants of rented housing units who have lived there at least 5 years	18	21	
Voting			
Persons registered to vote	78%	78%	
Eligible voters who participated in last election	48	47	
Healthy births			
Live births to mothers under age 20	20%	12%	
Live births of normal weight (over 2,500 grams)	96	94	
Mothers began prenatal care in 1st trimester	84	53	
Health services			
Emergency room visits that were not urgent	64%	60%	
Eligible children who received CHDP services	28	21	
Education			
K-12 students with limited English proficiency	1%	26%	
Children ages 5-14 in special education	11	11	
High school dropout rate	13	15	
4th graders scoring 4+ on CLAS			
Assessment — Comparison Group			
Reading — 19%	18%	23%	
Writing — 28	22	32	
Math — 24	25	28	
School socioeconomic status (SES) [scale from 1 (lowest) to 5 (highest)]	2.64	3.06	
Violence			
Child abuse reports as percentage of population ages 0-18	12.0%	8.0%	
Children ages 0-9 in out-of-home placement	0.83	0.98	
Domestic-violence-related calls for assistance (percentage of total pop.)	1.90	0.01	
Crime reports (percentage of total pop.)	3.2	3.0	

Explanation of
Changes in Outcomes for Intensively Served Families

Purpose:

- To document the status of children and families who receive services through the comprehensive strategy. Repeated measurement of their status shows improvements over time.

This form:

- Charts the status of families when they become involved with the service and helps service providers work with families to set goals and develop service plans. Compiles information on families' strengths and needs. Answers the question, "What do families come to us with in terms of strengths and needs?"

- Charts family status repeatedly to let individual service providers and a partnership know whether targeted outcomes are improving for families. Answers the question, "How are we doing in improving results for children and families?"

- Lets individual service providers and partnerships compare results in specific outcome areas to see if targeted outcomes are improving, whether some outcomes seem to be connected (go up together, stay flat together), and whether a change in direction is needed to target different outcome areas. Answers the question, "Where are we having an impact; where aren't we?"

- Charts status repeatedly for families with different characteristics (e.g., those with single parents, those in particular neighborhoods) which lets a partnership compare results for different groups to see if outcomes are improving for those they meant to serve. Answers the question, "Who seems to benefit most; who seems to need more time or more/and different activities to show improvement?"

Who is involved in documenting outcomes?

- *Who identifies indicators to track?* All major partners and representatives of service consumers should reach consensus on the indicators of child and family status they believe will demonstrate the impacts of the comprehensive strategy.

- *Who completes forms?* Case managers and other service providers with ongoing relationships with intensively served families.

- *Who compiles indicators?* A designated person (inside the partnership or hired for this specific purpose) with data processing skills.

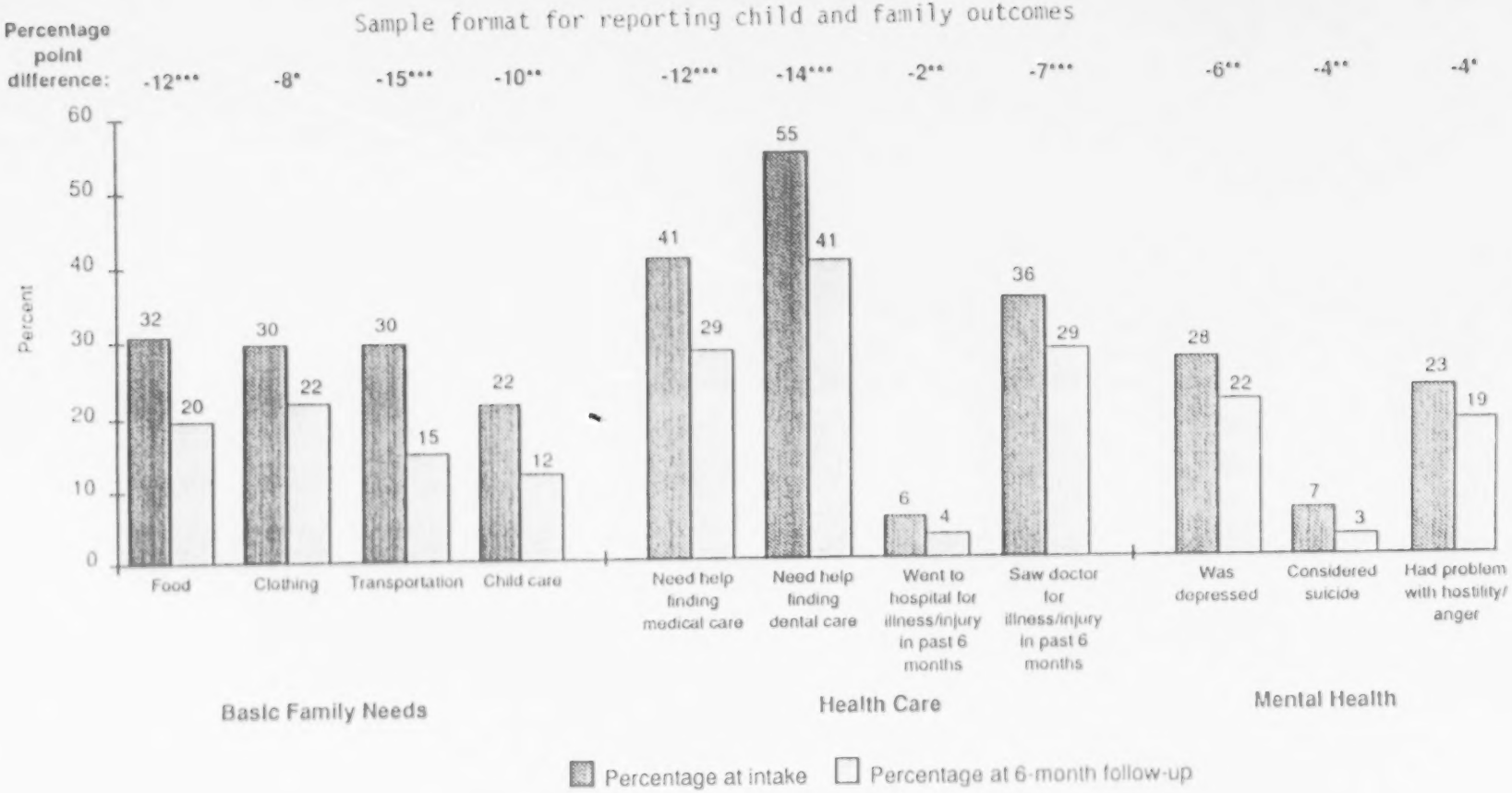
Who reflects on results?

- The entire partnership, service consumers, and community members.

How often is outcome data gathered?

- Assessments with families performed at enrollment into services and every six months. Data can be compiled annually to show changes for all clients served in the preceding year.

Refer to pages 26-27 in the Guide Book



Difference is statistically significant at: * p<.05; ** p<.01; *** p<.001.

SELECTED SIGNIFICANT CHANGES IN OUTCOMES FOR INTENSIVELY SERVED FAMILIES

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Sample Survey of Constituent Satisfaction

PLEASE RETURN SURVEY BY _____

We welcome your feedback on how well (the initiative) is doing. For each item, please circle the number that best shows your satisfaction with that aspect of the initiative. Provide additional comments if you wish.
Your SATISFACTION with:

	very dissatisfied				very satisfied
PLANNING AND IMPLEMENTATION:					
1. Planning process used to prepare the objectives for the initiative	1	2	3	4	5
2. Follow-through on the initiative's activities	1	2	3	4	5
3. Strength and competence of staff	1	2	3	4	5
Comments:					
LEADERSHIP:					
4. Clarity of the vision for where the initiative should be going	1	2	3	4	5
5. Strength and competence of leadership	1	2	3	4	5
6. Sensitivity to cultural issues	1	2	3	4	5
7. Use of the media to promote awareness of the initiative's goals and accomplishments	1	2	3	4	5
8. Opportunities for members of the initiative to take leadership roles	1	2	3	4	5
Comments:					
SERVICES:					
9. Training and technical assistance	1	2	3	4	5
10. Fundraising and grantwriting	1	2	3	4	5
11. Information and referral	1	2	3	4	5
12. Advocacy	1	2	3	4	5
Comments:					
COMMUNITY INVOLVEMENT IN THE COALITION:					
13. Participation of influential people from key sectors of the community	1	2	3	4	5
14. Participation of people of color	1	2	3	4	5
15. Diversity of membership of the initiative	1	2	3	4	5
Comments:					
PROGRESS AND OUTCOME:					
16. Progress in meeting the initiative's objectives	1	2	3	4	5
17. Success in generating resources for the initiative	1	2	3	4	5
18. Fairness with which funds and opportunities are distributed	1	2	3	4	5
19. The initiative's contribution to (list major goal)	1	2	3	4	5
20. The initiative's contribution to (list other major goals, if appropriate)	1	2	3	4	5
Comments:					

OVERALL APPROVAL RATING:

21. Is the community better off today because of (the initiative)? Yes No

OVERALL COMMENTS:

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DRAFT
Data Dictionary

	Outcome Indicators	
	School-level	Case-management level
CDE REQUIRED OUTCOMES		
1 Student attendance	Number of excused absences for school/total enrollment (both corresponding with CBEDS one-day count). Number of nonexcused absences for school/total enrollment (both corresponding with CBEDS one-day count).	Mean number of excused absences for case managed students/possible number of days that school could have been attended. Mean number of nonexcused absences for case managed students/possible number of days that school could have been attended.
2 Math and reading standardized test scores	Percentile scores for reading and math for grades: 4, 8, 12 on a standardized test.	
3 Parental involvement	Total hours of parental volunteer service at school in the classroom or in the Healthy Start center/total student enrollment.	
4 Student behavior Disciplinary Actions Suspensions/Expulsions	Number of disciplinary actions (excluding suspensions and expulsions) that occurred at the school (e.g., times student sent to principal or dean's office for discipline)/total enrollment. Number of students who were suspended or expelled/total enrollment.	Mean number of times case managed students received disciplinary actions. Mean number of days case managed students were suspended. Number of case managed students who were expelled/total number of students being case managed.

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Pre and post data should be collected on at least 25 case-managed families/clients and collected every 6 months.
School-level data should be collected annually for each school.

CDE REQUIRED OUTCOMES (continued)	Outcome Indicators	
	School level	Case management level
5 School safety Drugs and alcohol offenses Property crimes (including graffiti) Violent crimes (crimes against persons) Possession of weapons	From the California Safe Schools Assessment School Crime Reporting Form: Number of drug and alcohol offenses/total enrollment. Number of property crimes/total enrollment. Number of crimes against person or other/total enrollment. Number of weapon possessions/total enrollment.	
6 Grades		Mean Spring semester grade point average for case managed students before participation in Healthy Start and mean Spring semester grade point average for case managed students after participation.
7 Dropout/Graduation rates	Number of dropouts/one day count enrollment in grades 10,11, and 12 (as reported to CBEDS). **(High Schools Only)**	Number of case managed students that dropped out/ number of students being case managed. **(High Schools Only)** Number of case managed students that graduated/ number of 12th grade students being case managed. **(High Schools Only)**

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School-level data should be collected annually for each school

	Outcome Indicators	
	School level	Case management level
LOCALLY-DETERMINED OUTCOME CLUSTERS		
HEALTH		
A. General Student Health Cluster	Number of registering students with up-to-date immunizations or who have approved waivers at time of registration/total number of registering students	
1. Immunization compliance		
2. Rate of uncorrected vision and/or hearing defects	Number of children in fourth grade with untreated hearing and vision problems/total number of students enrolled in fourth grade.	Number of case managed students with identified vision or hearing defects who have their conditions corrected/total number of children identified with problems.
3. Rate with which preventive care is received		Number of case-managed students who are <u>not</u> overdue for comprehensive exams according to the EPSDT periodicity schedule/the number of students being case-managed.
4. Use of emergency rooms		Number of case managed family members who use an emergency room for primary health care/total number of case managed family members.
5. Rate with which dental care is received **(optional if do not offer dental services)**	Number of students who receive dental screenings/total student enrollment.	Number of case-managed children receiving cleaning and other dental care during past year/total number of case-managed children.
6. Teen pregnancy rate **(optional)**	Number of female students at the school that were known to be pregnant/total number of female students enrolled in the school.	

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School-level data should be collected annually for each school

LOCALLY-DETERMINED OUTCOME CLUSTERS (continued)	Outcome Indicators	
	School level	Case management level
FAMILY FOCUS: SOCIAL AND MENTAL HEALTH		
A Basic Needs Cluster 1 Number of families living in stable housing 2 Number of families with whose needs for clothing, food, and transportation are met. 3 Number of families who are financially stable 4 Number of families whose children are unsupervised by an adult		Self-report on the following Family Development Scale and other scale items: • Scale scores and number of cases for case managed families on item about having adequate shelter. • Scale scores and number of cases for case managed families on item about having adequate clothing. • Scale scores and number of cases for case managed families on item about having adequate food. • Scale scores and number of cases for case managed families on item about having adequate transportation. • Scale scores and number of cases for case managed families on item about having adequate finances. • Scale scores and number of cases for case managed families on item about having adequate employment. • Number of young children (9 years or under) of case managed families who are not left without adult (or appropriate teenage) supervision by follow-up assessment/total number of young children in case managed families who have children previously without appropriate supervision.

Pre and post data should be collected on at least 25 case-managed families/clients and collected every 6 months.
School-level data should be collected annually for each school.

LOCALLY-DETERMINED OUTCOME CLUSTERS (continued)	Outcome Indicators	
	School level	Case management level
B Teen Parent Cluster		Items from Adolescent Family Life Program documentation:
1. Rates of repeat teen pregnancies		• Number of parenting students who had repeat pregnancies by child's first birthday/total number of parenting students.
2. Utilization of prenatal care		• Number of pregnant students receiving adequate prenatal care (i.e., began in first trimester and had at least 10 prenatal check-ups)/total number of pregnant students.
3. Adequate birth weight		• Number of births of normal birth weight babies (i.e., above 5.5 lbs.)/total number of births by students.
4. Positive birth outcomes		• Number of babies who are born 37 weeks or greater in gestational age/total number of births by students.
		• Number of pregnant students who have live births/total number of pregnant students who were expected to deliver during this period.
5. School enrollment/completion for teen parent		• Number of students in teen parenting program who are enrolled in school/total number parenting students who are school eligible (not older than 18 years of age).
		• Number of students in teen parenting program who earn a diploma or GED/total number enrolled in school or program.
C Child Welfare Cluster		
1. Incidence of child abuse and reabuse		Number of case managed families at-risk of child abuse (i.e., were enrolled in a program to prevent child abuse) who do not have another substantiated case of child abuse within 6 months/total number of case managed families at-risk of child abuse.
2. Number of out of home child placements		Number of case managed children at-risk of out-of-home placement (i.e., were enrolled in a program to prevent out-of-home placement) who are maintained at home with services/total number of case managed children at risk of out-of-home placement.
3. Level of restrictiveness		Scale scores and number of cases on Restrictiveness of Living Environment Scale(ROLES)
4. Placement stability		Number of case managed youth who have maintained stable out-of-home placements (i.e., 12 months or more)/total number of case managed youth in out-of-home placements.

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School-level data should be collected annually for each school

LOCALLY-DETERMINED OUTCOME CLUSTERS (continued)	Outcome Indicators	
	School level	Case management level
D Family Functioning Cluster		
1 Incidence of child abuse		Number of case managed families for whom a child abuse report is substantiated/total number of case managed families.
2 Incidence of domestic violence		Number of case managed families who self-report domestic violence/total number of case managed families.
3 Parenting skills		Scale scores and number of cases for case managed families on 7-item child-rearing ability scale from Family Assessment Form (items concern: understanding of child development, schedule for children, choice of appropriate substitute care givers, provision of basic care, and use, appropriateness, and consistency of physical discipline).
4 Parental substance abuse		Scale scores and number of cases for case managed families on current substance abuse item from Family Assessment Form.
YOUTH FOCUS: SOCIAL AND MENTAL HEALTH		
A Youth Crime Cluster		
1 Incidence of youth involvement with gangs	Number of students in school known to be active gang members/total enrollment.	Number of case managed youth known to be active gang members at follow-up/number of youth known to be active gang members at intake.
2 Legal system involvement		Number of case managed youth (10-17 years) arrested for non-violent crimes. Number of case managed youth (10-17 years) arrested for violent crimes.
3 Compliance with probation		Number of case managed youth who meet probation requirements (including not committing another crime)/total number of case managed youth who are on probation.

LOCALLY-DETERMINED OUTCOME CLUSTERS (continued)	Outcome Indicators	
	School level	Case management level
B. Youth Development Cluster	Number of youth attending organized after-school activities which are supervised by an adult on a regular basis/total student enrollment	Average number of hours a week case-managed youth spend in after-school activities.
1. Number of youth supervised by an adult/involved in after-school activities		
2. Teen employment		Number of case managed teens who are employed by follow-up assessment/total number of teens being case managed.
Choose one of the following scales:		*Do 3, 4, or 5:*
3. Incidence of youth substance abuse		3. Substance abuse questions: Number of case managed students who report having had at least one drink of alcohol in past 30 days/total number of students being case managed. Number of case managed students who report having smoked cigarettes in past 30 days/total number of students being case managed. Number of case managed students who report having used illicit drugs in past 30 days/total number of students being case managed.
4. Social supports for youth		4. Scale scores and number of cases on Perceived Social Support Scale (Harter).
5. Youth self-esteem		5. Scale scores and number of cases on self-esteem scale (Coopersmith)

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School-level data should be collected annually for each school

OPTIONAL OUTCOME CLUSTERS (not part of requirement)	Outcome Indicators	
Outcomes in Clusters	School level	Case management level
A. General Education Outcomes (Optional)		
1. Referrals to and enrollment in special education	Number of students referred for Special Education services/total student enrollment Number of students receiving special education services/total student enrollment Number of students who exit special education services (no longer have IEP)/total number of students enrolled in special education	
2. Mobility	Number of students that moved away (# of records requested) from the school since the beginning of the year/total number of students enrolled at school (CBEDS one-day count)	Number of case-managed family cases that are closed because family moves away from area/total number of cases that are closed
B. Adult Education (Optional)		
1. School completion for parents (GEDs)		Number of case managed parents and adult family members who earn a high school diploma or GED/total number of case managed parents and adult family members who did not have one at time of intake assessment.
2. English proficiency		Number of case managed parents and adult family members who become English proficient by follow-up assessment/total number of case managed parents and adult family members who are not English proficient at time of intake assessment.
3. Citizenship		Number of case managed parents and adult family members who earn certificates of completion of citizen classes by follow-up assessment/total number of case managed parents and adult family members who are not citizens at time of intake assessment.

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Pre and post data should be collected on at least 25 case-managed families/clients and collected every 6 months.
School-level data should be collected annually for each school.

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OPTIONAL OUTCOME CLUSTERS (not part of requirement, cont.)	Outcome Indicators	
Outcomes in Clusters	School level	Case management level
C. School Readiness Cluster (Optional)		
1. Readiness for first grade	Number of students rated by teacher as ready for first grade/total number of students tested.	
2. Immunization compliance	Number of kindergarten (or first grade) students with up-to-date immunizations or who have approved waivers at time of registration/total number of registering kindergarten (or first grade) students.	
3. Rate of uncorrected vision and/or hearing defects	Number of children entering kindergarten (or first grade) with untreated hearing and vision problems/total number of children entering.	

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School-level data should be collected annually for each school

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